FOIA Number: 2018-0756-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3766

FolderID:

Folder Title:
July Chron Files 1993 [5]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	3	2

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Current and Future Responses; [Personal] (Partial) (1 page)	06/30/1993	b(6)
002. letter	re: Duplicate of 001; [Personal (Partial) (1 page)	06/30/1993	b(6)
003. letter	re: Duplicate of 001; [Personal] (Partial) (1 page)	06/30/1993	b(6)
004. letter	To: Kristine Gebbie; re: Congratulations on Appointment; [Personal] (Partial) (1 page)	07/02/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3766

FOLDER TITLE:
July Chron Files 1993 [5]

2018-0756-F
jp4783

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Main
#03006

NAPO Document Control Slip

NAPO Number : 7029 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/10/93 Refer'd Date : 8/10/93 Int Due Date : 8/10/93 Ext Due Date : 8/10/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D06

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : JOHN W. COURSELL

********** Subject or Title **********

218 NE 366th Trail - Fort Drum, FL 34972-0186

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/10/93	8/10/93	

****

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Current and Future Responses; [Personal] (Partial) (1 page)	06/30/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3766

FOLDER TITLE:
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2018-0756-F
jp4783

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THE WHITE HOUSE

WASHINGTON

July 30, 1993

(b)(6)

(b)(6)

(b)(6)

[001]

I have read Dr. Strecker's allegations, and considered them, as have many others. I disagree with his viewpoint, given the full range of information available on the virus, however.

The focus of my efforts will be our current and future response.

(b)(6)

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	re: Duplicate of 001; [Personal (Partial) (1 page)	06/30/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
●A/Box Number: 3766

FOLDER TITLE:
July Chron Files 1993 [5]

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jp4783

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(b)(6)

(b)(6)

I have read to Dr Strecker's allegations, ~~with regard~~ and considered them, as have many others. I disagree with his viewpoint, given the full range of information available on the virus, however.

[002]

The focus of my efforts will be our current & future response.

(b)(6)

(b)(6)

Sincerely

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3766

FOLDER TITLE:
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2018-0756-F
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RESTRICTION CODES

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THE WHITE HOUSE

WASHINGTON

July 30, 1993

(b)(6)

(b)(6)

(b)(6)

[003]

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The focus of my efforts will be our current and future response.

(b)(6)

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\coursell

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. letter	To: Kristine Gebbie; re: Congratulations on Appointment; [Personal] (Partial) (1 page)	07/02/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3766

FOLDER TITLE:
July Chron Files 1993 [5]

2018-0756-F
jp4783

RESTRICTION CODES

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(314) 638 - 4000

ST. LOUIS SHIP
DIVISION OF POTT INDUSTRIES INC.
611 EAST MARCEAU ST., ST. LOUIS, MO. 63111

Friday 2 July 93

Christine Gibbie (sp?)
White House AIDS Co-ordinator
The White House
Washington, DC.

Dear Co-ordinator,

Congratulations on your ascencion to the throne, so to speak.

(b)(6)

(b)(6)

I included in my ms the allegations of one Dr. Robert Strecker, an immuno-virologist in the Los Angeles area. who has made, and continues to make the flat charge that AIDS is/was man-made, in laboratories at the behest, and under the aegis of the CIA, as a means of reducing or controlling the still-ongoing population explosions in the so-called Third World, which is a very interesting concept.

Foot

There is, obviously, a covert censorship involved here. I am attaching hereto a copy of the only place where I have been able to get around said censorship, in a little Christian Fundamentalist paper in Fullerton, Cal.

In view of your new powers, I am curious as to what your response will be, re: Dr. Strecker's allegations.

(b)(6)

AIDS crisis "NATIONAL EDUCATOR" FULLERTON-CAL, 9/92

A 'depopulation' plot?

Hi, Jim:

I wish to direct your attention to some allegations regarding AIDS that I have become aware of within the past two months.

Sometime in 1969 a meeting of the National Security Council was convened and Henry Kissinger, Brent Scowcroft and others were present. The minutes of this meeting are available from the National Archives on document number NSC 200, which was declassified in 1990. At that meeting, it was allegedly proposed that the CIA and the Army CBW geniuses (who killed 6000 sheep at the Dugway Proving Ground in Utah), develop a virus that would mitigate the problem of the still onrushing world overpopulation, and HTLV-3/HIV is the result. And it worked. Very well. Africa will be pretty well depopulated by the year 2000 (which is only eight years away) and Southeast Asia, and the Middle East, and dear old Injuh are coming along nicely, thank you. As a white supremacist, I say, "Right on, Baby!" The catch is, the baby is going out with the bath water . . . as it somehow got away and is well on its way to encompassing everyone. It even got me, in August 1990.

Much of this jazz is rather clearly delineated in a video tape, 'The Strecker Memorandum,' available for $25 ppd. from Dr. L. D. Hansen, P.O. Box 1148, Orem, Utah 84057.

Also, one Dr. Lorraine Day, M.D., has put out a book called, 'AIDS — What the Government Isn't Telling You.' It is available for $25.95, ppd. from Rockford Press, 44-489 Town Center Way, Suite D-510, Palm Desert, California 92260. She was Chief of Orthopedic Surgery at San Francisco General Hospital for 15 years, and I think she has her act together.

You might want to follow up on these leads and perhaps publicize your findings to your readership. I'm not a religious type, and I'm already doomed, and I feel that either Dr. Strecker and the others have committed professional hara kiri and are making alarmist, false and libelous statements about Kissinger, Scowcroft, the CIA, the Army CBW, the WHO, etc., or it's all too horribly true and we're all doomed. And all the happy crap a la Magic Johnson about 'use a condom' is just that . . . crap. AIDS is not, solely, a venereal or homosexual disease; sex is just one of the ways in which it is now spreading. Saliva and blood are far more efficient as witness Kimberly Bergalis who died a 'certified virgin,' in response the challenges of her dentist's insurance company. The teenage infection right here in Palm Beach County and/or South Florida has jumped 77 percent in the past year, obviously from kissing, etc., etc.

Look into it, will you Jim?

JOHN W. COURSELL
Fort Drum, Fl

to restrain him from injuring one another, but as a sort of all purpose, around the clock device

Did scientists create AIDS?

US News & World Report ran an article entitled 'Origins Of A Plague.' In this article scientists are trying to determine where AIDS originated from. Scientists have found the HIV-2 virus in a group of African monkeys. The virus is also believed to come from a polio vaccine which was squirted into the mouth and could have entered the bloodstream through cuts in the mouth. Both strains of HIV are approximately 40 years old, they say. "Scientists may breathe a sigh of relief when they can rule out the polio vaccine, but in the end we may never know the whole story of how AIDS began."

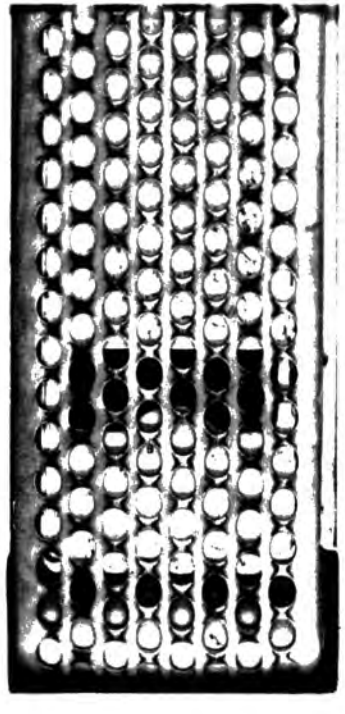
Source: 3/30/92.

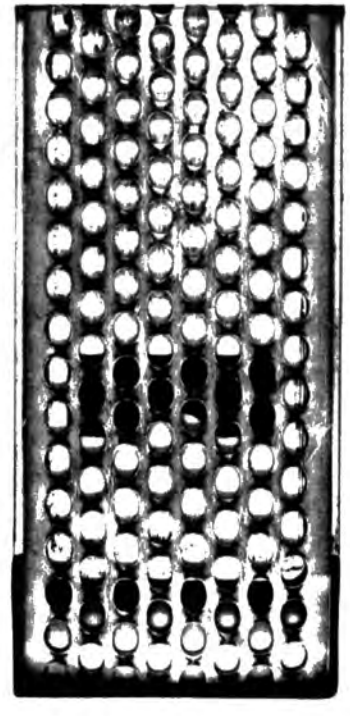
John W. Coursell
21[illegible] W. E. 366th Trail
Ft. Drum, Fla.
34972-0106

John W. Coursell
21[illegible] N.E. 306th Trail
Ft. Drum, Fla.
34972-01[illegible]

Christine Gibbie (SP?)

KRISTINE M. GEBBIE
AIDS COORDINATOR
ROOM 738G
DEPT OF H.H.S.
WASHINGTON DC 20201





Main
#03007

NAPO Document Control Slip

NAPO Number : 7032 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/10/93 Refer'd Date : 8/10/93 Int Due Date : 8/10/93 Ext Due Date : 8/10/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : WHITTEN

********** Subject or Title **********

General Delivery - Land Grove Hollow Road - Londonderry, VM 05148

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/10/93	8/10/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Dr. Glen Whitten
General Delivery
Land Grove Hollow Road
Londonderry, Vermont 05148

Dear Dr. Whitten:

Thank you for taking time to write to me, and sharing your interest in the treatment of HIV infection.

As you are aware, any new treatments must be approved by the Food and Drug Administration, following appropriate clinical trials. I suggest that you contact medical universities in your area to identify investigators possibly interested in collaborating with you in your studies.

Best wishes in your future work.

Sincerely,

Kristine Gebbie/c

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Dr. Glen Whitten
General Delivery
Land Grove Hollow Road
Londonderry, Vermont 05148

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Best wishes in your future work.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\whitten

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr Whitten.

Thank you for taking time to write to me, & showing your interest in treatment of HIV infection.

As you are aware, any new treatments must be approved by the FDA, following appropriate clinical trials. I suggest that you contact medical universities in your area to identify possibly investigators. ~~collaborators~~ interested in collaborating with you in your studies.

Best wishes in your future work

Vincent

END 9

Kristine Gebbie
White House
Wash., D.C.

July 1, 1993

Dear Kristine,

It seems to me that the High Toxicity of AIDS Medications and the relatively short term benefits before the body acclimates to the medicine would indicate rotational treatments. For Example, Pentamidine would be given & the next Treatment would be Penicillin, followed by a third Treatment of Erythrocin or the like, Or Perhaps the Same with AZT, DDI & DDC. In These Examples the 1st would be for pneumonia and the 2nd for HIV Treatments.

Perhaps you Could Pass this On to Someone who could use the info.

I have been working on an inhalation system for micronizing liquid medications. It works on substances as diverse as water, alcohol and olive oil. It does work on pentamidine. I think if my device gets to market it would save the govt. several Billion a year in Health Care Costs.

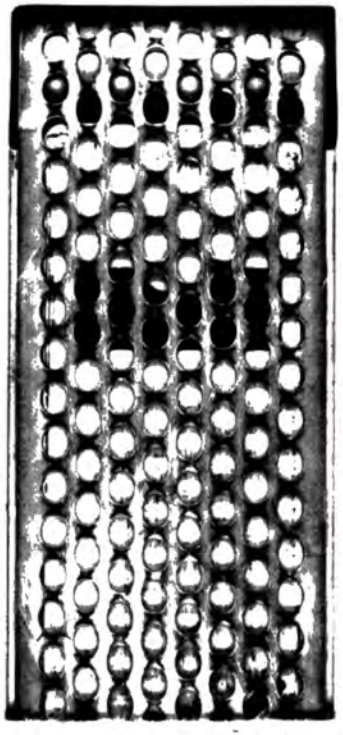
I need support from within the govt. to avoid FDA conflicts and about $2 million to get to market. On A Fast Track I could get to market in 12-18 months.

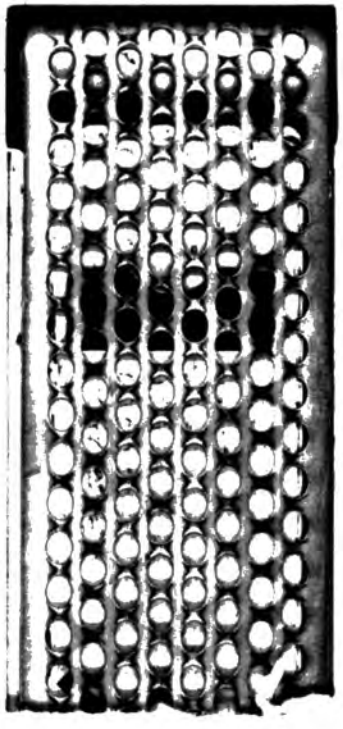
If you can assist me a little I think I can assist you a lot.

Sincerely,
Glen

Dr. GLEN WHITTEN
Landgrove Hollow Rd.
Gen. Del.
Londonderry, VT 05148

P.S. I'm writing from the Albany, N.Y. patent office where I'm having a work/vacation working on Medical Patents, Hence, the informality of this Note.





Main
#03D07

NAPO Document Control Slip

NAPO Number : 7034 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/10/93 Refer'd Date : 8/10/93 Int Due Date : 8/10/93 Ext Due Date : 8/10/93
NAPO Xref : PHS Xref :] OS Xref : Keyer ID : SHenson
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : T. DAVIS

********** Subject or Title **********

Mothers' Voice - 150 West 26 Street Suite 603 - New York, NY 10001

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/10/93	8/10/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. T. Davis
Mothers' Voices
150 West 26 Street
Suite 603
New York, New York 10001

Dear Mr. Davis:

Thank you for sharing the recent correspondence from the Mothers' Voices Founders Committee to the President. The priorities you outline, basic research, clear education and health services reform are most appropriate. I look forward to meeting with Mothers' Voices members before long, and identifying opportunities for collaborative effort.

Sincerely,

Kristine Gebbie, c

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. T. Davis
Mothers' Voices
150 West 26 Street
Suite 603
New York, New York 10001

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\davis

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr Davis

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Sincerely

Forward to: Kristine Gebbie

150 West 26 Street
Suite 603
New York, NY
10001
Phone:
212-366-9217
Fax:
212-366-0679

Speaking from the Heart about AIDS

MOTHERS' VOICES

July 2, 1993

Ann Scott
Presidential Assistant
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Ms. Scott:

We are sending the enclosed letter to the President in your care.

We appreciate your many kind responses to our own Carol and Joey DiPaolo, and we thank you in advance for helping to ensure that our request is communicated to the President.

We will phone next week to ask for your help and advice.

Very truly yours,

Dorry Bless, Ivy Duneier, David Pearl, Lili Rundback
Founders Committee

FC\td T. Davis
FOR THE COMMITTEE

150 West 26 Street
Suite 603
New York, NY
10001
Phone:
212-366-9217
Fax:
212-366-0679

Speaking from the Heart about AIDS
MOTHERS' VOICES

July 2, 1993

President Bill Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear President Clinton:

On Mother's Day you received thousands of cards from families across the country urging you to provide leadership in the fight against AIDS. Mothers Voices has created a national network of families concerned about AIDS -- families who are living with AIDS, families who have lost loved ones and parents who seek a future for their children free from AIDS. These American families were devastated by the recent grim news from the 9th International Conference on AIDS in Berlin and by a recent study released by the Centers for Disease Control and Prevention.

On June 15th, the New York Times reported that the 9th International Conference on AIDS ended with "little hope for a cure." That same day the Centers for Disease Control and Prevention released a shocking study finding that AIDS is the leading killer of men 25 to 44 years old in 38 percent of US cities with populations greater than 100,000.

Most distressingly, the New York Times, in a June 17 editorial, seemed to suggest that research has reached a dead end and that funds be shifted from research to prevention! (See enclosed with MV's response.)

As a father yourself, we know that you can imagine how this news and analysis works to erode a family's hope. And we have been so hopeful since last November 5th.

Our optimism for an end to the AIDS nightmare was heightened last spring when you met with United for AIDS Action on the eve of the New York primary and committed yourself to provide desperately needed leadership against AIDS. Our own Lili Rundback was part of the delegation that met with you (photo enclosed).

In July and August we wept with joy as we listened to Bob Hattoy, Elizabeth Glaser and Mary Fisher address both major party conventions. We were then <u>certain</u> that the nation was now ready to seriously engage in an all-out war on this disease.

And on Election Night, when you spoke of ending AIDS in the opening moments of your victory address, our hearts were filled with hope!

Mr. President, we very much appreciate the attention that you gave to families struggling with AIDS when you spoke with Joey DiPaolo on national television in the first month of your presidency. Joey's mother, Carol is part of our Mothers' Voices family

And, despite the recent grim news, we are very encouraged by your budget requests for an additional $227 for AIDS research at the National Institutes of Health, $310 million for the Ryan White Care Act, and $45 million for prevention programs at the Centers for Disease Control.

We are anxious to fight for these proposals in Congress. And we are most anxious to see the national AIDS coordinator, Kristine Gebbie — backed with the full weight of your office — begin to implement the recommendations of the National Commission on AIDS.

We call on you to propose bold new initiatives.

- Since current research efforts are not yielding good results, we must re-examine our national commitment to finding a cure. **We implore you to carefully consider proposals for a special project to intensify basic research and open up new avenues of research**.

- Since prevention efforts are not halting new infections, **we urge you to review the federal education and prevention efforts — we must not allow prudishness and/or bigotry to cripple our prevention efforts.**

- As you and the First Lady grapple with health care reform, **we beg that you keep in mind the needs of people with HIV and AIDS. AIDS requires a very comprehensive treatment strategy, and too many people have grossly inadequate access to care.** Indeed, many with basic health insurance plans, all too soon exhaust life-time benefits and then depend on Medicaid for survival.

We cannot stand by idle, watching in horror, as AIDS rampages through our country. We look to you for leadership, and we pledge our best efforts to support you in Congress.

We would like to meet with you to discuss ways to increase national awareness and commitment to end this crisis. We will phone Ann Scott in the hope of scheduling a meeting.

Sincerely,

Dorry Bless, Ivy Duneier, David Pearl, Lili Rundback
Founders Committee

FC\td

T. Davis
For the Committee

The Unyielding AIDS Epidemic

The international AIDS conference in Berlin last week left a depressing message: no scientific breakthrough is apt to wipe this scourge from the earth any time soon. Indeed, the existing medical weapons against AIDS are less successful than once believed. There is little choice now but to shift the emphasis to prevention programs.

The drug AZT, long the mainstay of AIDS treatment, has only limited value for a limited time — and is highly toxic to boot. Worse yet, it apparently has little or no effect when given to people who are infected with the virus but have not yet developed symptoms. That dashes the hopes of millions of infected individuals that early treatment might ward off death.

Other drugs have proved equally disappointing, and combination therapy with two or more drugs has yet to be shown to work. Meanwhile, vaccines that might prevent infection and slow the epidemic seem as far away as ever. Some vaccines may be ready for human testing within two years but these early candidates are not apt to be the highly effective, cheap, easy-to-handle vaccine that the world so desperately needs.

What a letdown to find, after a decade of rapid progress in understanding AIDS, that practical medical accomplishments are still years away.

The epidemic itself is not waiting. Some 14 million people around the world are now infected with the AIDS virus, and that number will soar above 30 million by the year 2000, the World Health Organization predicts. In the United States, AIDS is now the leading cause of death among young men 25 to 44 years of age in 5 states and 64 cities.

With such gloom all around, health officials need to reorganize their attack. Current drugs are a dead end; researchers need radically new approaches in the search for cures and vaccines. But the experience so far suggests that breakthroughs won't come quickly.

The only immediate hope for containing the epidemic is a heavier emphasis on prevention programs. That means patient, persistent, unglamorous work yielding small gains in areas that are often controversial: better sex education, promotion of condoms, needle exchange programs for drug addicts, safer blood supplies abroad and better treatment of venereal diseases that foster the spread of AIDS.

Dr. Michael Merson, head of the AIDS program of the World Health Organization, suggests that $1.5 billion to $2.9 billion a year spent on prevention programs in developing countries could cut in half the number of new infections between now and the end of the century. Such a campaign would not only be humane, it would save money in the long run. Against a formidable disease like AIDS, prevention is almost certain to be cheaper than cure.

150 West 26 Street
Suite 603
New York, NY
10001
Phone:
212-366-9217
Fax:
212-366-0679

Speaking from the heart about AIDS

MOTHERS' VOICES

June 18, 1993

Letters to the Editors
The New York Times
229 West 43rd St.
New York, NY 10036

BY FAX: 212-556-3690

To the Editors:

"The Unyielding AIDS Epidemic" (editorial, June 17, 1993) advocates "shift[ing] the emphasis (from AIDS research) to prevention programs" and observes "prevention is almost certain to be cheaper than cure." Surely the *Times* is not suggesting we abandon research to save the lives of 1 ½ million Americans infected with HIV (14 million worldwide).

We've spent hundreds of millions of dollars on both AIDS research and AIDS prevention in this country. Lack of national leadership and commitment has resulted in a disorganized research effort, while prudishness and bigotry have impeded AIDS education. Given the current and expected impact of AIDS, both research and prevention have been grossly underfunded.

Rather than retreat from the challenges of AIDS, it's time to learn from our mistakes. We urge the President to fulfill his campaign promise for a Manhattan Project to find a cure. In the meantime we must all begin to talk frankly — and explicitly — to our children about AIDS prevention.

Dorry Bless, Ivy Duneier, David Pearl, Lili Rundback
MOTHERS' VOICES

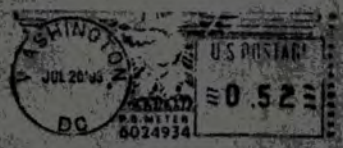
❖ ❖ ❖

Mothers' Voices seeks to mobilize the hearts and voices of one of the greatest resources of our country, our nation's mothers, together with their families and friends, in a campaign to end the AIDS crisis. Mothers' Voices is a vehicle for mothers and all those concerned about AIDS to channel grief and worry into a national movement to change public attitudes and policies. We welcome families and friends from all communities to advocate for compassion and respect for those affected, as well as urgency in the fight for AIDS education, care, services, medical advances and ultimately, a cure.

❖ ❖ ❖

Presidential Candidate Bill Clinton speaking to Lili Rundback, a Co-Founder of Mothers' Voices, and a delegate to United for AIDS Action.

The meeting between Clinton and UAA delegates took place during the New York Primary, April, 1992.



FROM
THE WHITE HOUSE
WASHINGTON, D.C.

Ms. Kristine Gebbie
National AIDS Policy
Coordinator
200 Independence Avenue
Humphrey Building, 738G, SW
Washington, D.C. 20201

FIRST CLASS

Main
#03D07

NAPO Document Control Slip

NAPO Number : 7033 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/10/93 Refer'd Date : 8/10/93 Int Due Date : 8/10/93 Ext Due Date : 8/10/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/10/95 Disposition : DESTROY Final Date : Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : IRENE S. PATICOFF

********** Subject or Title **********

1 Old Mill Lane - Tappan, NY 10983

********** Keywords **********

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/10/93	8/10/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Irene S. Paticoff
1 Old Mill Lane
Tappan, New York 10983

Dear Ms. Paticoff:

I appreciate your expression of support as I start my new position.

The Food and Drug Administration is an Agency with which I will work closely on new AIDS-related products, including testing kits such as the one you mention.

Thank you for writing.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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1 Old Mill Lane
Tappan, New York 10983

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Thank you for writing.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\paticoff

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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Thank you for writing.

Sincerely

Irene S. Paticoff 1 Old Mill Lane Tappan, New York 10983

July 12, 1993

Ms. Kristine M. Gebbie
White House Aids Coordinator
The White House
Washington, D. C.

Dear Ms. Gebbie:

Congratulations on your appointment! We are confident your medical and public health experience will be instrumental in expediting the direction to conquer the scourge called AIDS.

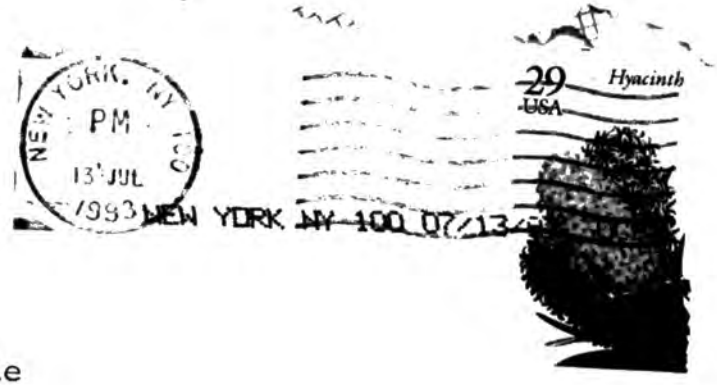
The war on AIDS will focus on many fronts, one of which necessarily includes TESTING. Currently being considered in this category by The Food & Drug Administration is a non-invasive, "saliva" test for AIDS, called "ORASURE." This device is essentially a saliva collection kit. It is hoped your office will seek an early opportunity to consult with the FDA, to find ways to expedite and implement the use of this simple, effective and economically feasible device for use in testing for AIDS.

Sincerely yours,

Irene S. Paticoff

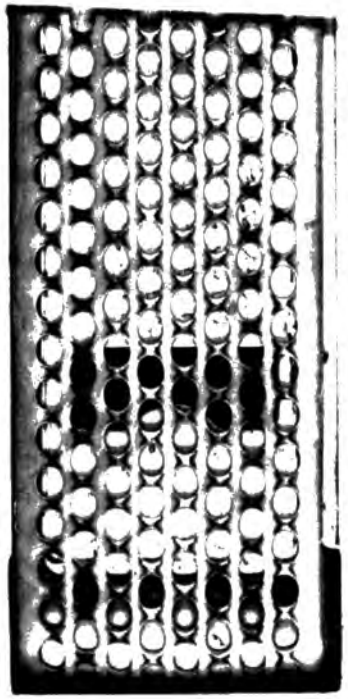
Irene S. Paticoff

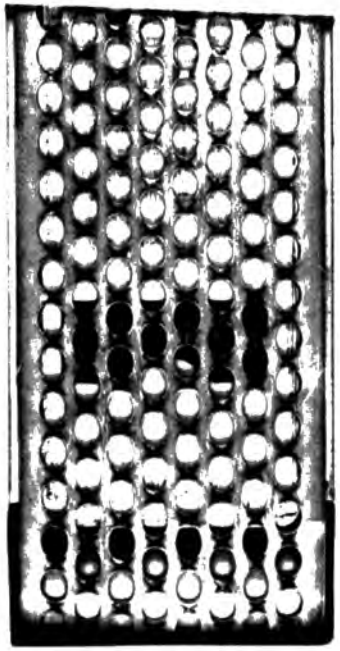
Irene S. Paticoff
1 Old Mill Lane
Tappan, New York 10983



Ms. Kristine M. Gebbie

KRISTINE M. GEBBIE
AIDS COORDINATOR
ROOM 738G
DEPT OF H.H.S.
WASHINGTON DC 20201





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NAPO Document Control Slip

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NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : JOHN L. ROSE, JR.

********** Subject or Title **********

303 Dawn Street - Signal Mountain, TN 37377

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/10/93	8/10/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. John L. Rose, Jr.
303 Dawn Street
Signal Mountain, Tennessee 37377

Dear Mr. Rose:

Thank you for writing to share your concerns about our efforts to stop the spread of HIV. We will not be able to halt AIDS without much effort in many directions. As I do my new job, it is important that I hear all points of view from across the country.

I appreciate your good wishes.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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303 Dawn Street
Signal Mountain, Tennessee 37377

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\rose

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr Rose

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Sincerely

NR-7

303 Dawn St.
Signal Mtn., TN 37377
June 25, 1993

Ms Kristine Debbie
Aids Policy Coordinator
White House
1600 Pennslyvania Ave.
Washington, D.C.

Dear Ms Debbie,

Your appointment as Aids Policy Coordinator is to be applauded if:

- You are really allowed to coordinate the crazy-quilt of efforts aimed at this epidemic, and can dispose of the non-productive ones.
- Your attitudes and approach are realistic in terms of the non-emotional facts of the situation.

The interview on the McNeil/ Lehrher news hour gave me some hope that you are willing to face the inescapable fact that so many choose to ignore:

AIDS IS A DISEASE BASED PRIMARILY ON THE BEHAVIORAL CHOICES OF THOSE INFECTED

Certainly there are the cases due to transfusion with infected blood, apparently a few infections to or from health care workers, and the growing number of HIV-infected new-borns. But I pose the question:"Absent homosexual behavior and IV drug injection, would there be an AIDS epidemic in this country - or the world?" There is a small, but very vocal minority that would like to answer "yes" to this question, but their position cannot be sustained by the facts.

I cannot agree with your idea that HIV infected people should be allowed to travel in the US. Certainly, the simple act of traveling does not transmit virus (so far as is known now). But what is the statistical probability that traveling is the only activity that the person engages in? The recent court decision to let 120 infected Haitians into the country just gives us that many more potential sources from which to spread the disease.

Activists protest that the federal and local governments should do more to prevent and cure AIDS, but they seem to be asking for that magic bullet which will allow continuation of any behavior without the terrible consequences. I support research into the AIDS disease, but a stronger argument can be made for efforts against cancer, heart disease, diabetes etc. Of all the illnesses that attack our population, AIDS is the only one that can positively be prevented. And - for the most part - this prevention is under the control of the individual.

The number one activity that is proposed is usually classified as "education". I offer the proposition that more than 90% of those who become HIV-infected through their own actions are adequately aware of how the virus is transmitted, and what can be done to prevent this. They also know that abstinence from sex or drug use will positively prevent the transmission of the virus. There is no such thing as SAFE sex or drug use. The acts can be made less risky than if there are no precautions whatsoever,but so can crashing your car into a bridge abutment. I don't hear anyone advocate doing this just because you have seat belts and an air bag. Until such ideas as these supplant those of the homosexual/drug addict community, the epidemic will only increase. As long as "the big strong jocks" that you referred to in your interview are our national heroes - particularly when they become HIV-positive - progress will not be significant.

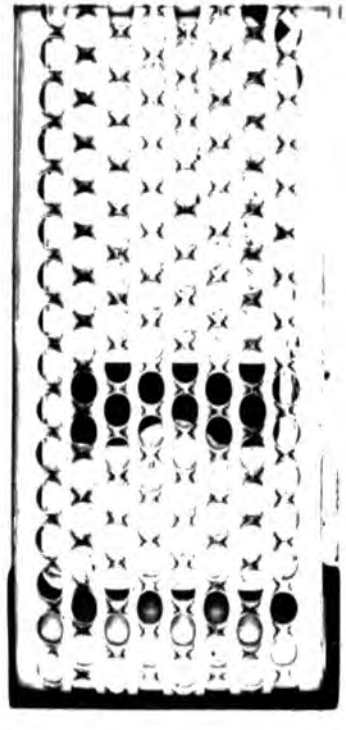
Your new position may well be related to one of the most important long-term problems facing the United States. I wish you the greatest success, but I am pessimistic about this unless the epidemic is attacked with scientific information and not self-serving emotions.

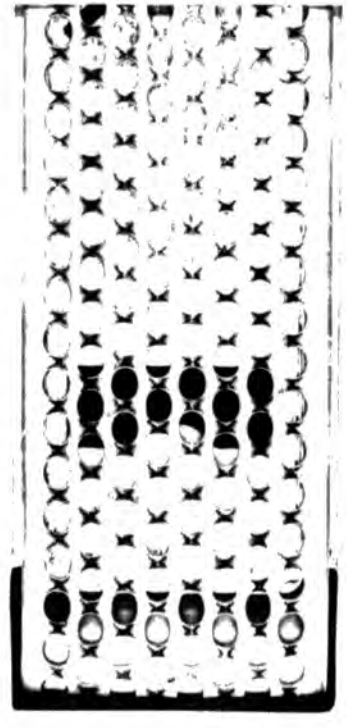
Sincerely,

John L. Rose Jr.

ROSE 303 Dawn St.
Signal Mtn., TN 37377

Ms Kristine Debbie
AIDS Policy Coordinator
White House
1600 Pennslyvania Ave.
Washington, D.C. 20500





THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Catherine Mueller
2925 Charleston
Albuquerque, New Mexico 87110

Dear Ms. Mueller:

Thank you for writing to express your concerns about the AIDS epidemic.

I agree with you that human behavior plays a major part in the spread of this disease. The only way we will stop that spread is to better understand human behavior, and to apply all we know about supporting wise, healthy behavior.

In moving toward that goal, the ideas and interests of all Americans need to be considered.

Sincerely,

Kristine Gebbie/c

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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2925 Charleston
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Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\mueller.100

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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In moving toward that goal, the ideas & interests of all Americans need to be considered.

Sincerely

NR

June 29, 1993

Ms. Kristine Gebbie
Ms. Donna Shalala
Ms. Antonia Novella

Dear Women involved with the health and welfare of Americans:

You have a monumental task ahead of you. But, quite frankly, mainstream America simply does not care about the AIDS epidemic because it is a behavioral/social disease, which can be prevented by leading a morally responsible life. Ditto for the sex partner. AIDS is now being touted as the disease of both homosexuals and heterosexuals which is true....anyone engaging in risky, immoral sexual behavior or having sex with a partner who has been unfaithful is vulnerable.

What to do: Do not sugar-coat the problem, but be very frank and tell sexually active people the truth! It appears that very few columnists or politicians have the courage to call for abstinence. Instead there is a call for condoms and clean needles. This will only exacerbate the problem.....just as educating teenagers on birth control has resulted in more fornication and teenage pregnancies.;

If the AIDS "authorities," would have listened to such congressmen as former Congressman William Dannemeyer from Californis, already in the mid 1980s, who called for mandatory testing of those engaged in risky behavior, AIDS would be under control today. But no, in liberal fashion, instead of treating AIDS as a health and moral issue, the powerful gay rights lobby and liberal politicians politicized the issue....so now you have a monumental problem on your hands. When conservative columnists, clerics, or even the grass-roots call for higher standards of morality, we are scoffed at, jeered, told we are judgmental, intolerant, homophobic.... and in so many words, told to mind our own business.....

We are now minding our own business.....but do not call on us for more funding! We are taxed excessively so that the government can prop up the morally irresponsible.

Sincerely,

Catherine Mueller

Women should uphold morals

THE ALBUQUERQUE TRIBUNE
June 29, 1993

Young women of America, listen up! It is your responsibility to strengthen our nation's crumbling moral base and return our nation to some semblance of sanity.

■ Teen-ager: "Safe sex" is a misnomer. You place yourself in harm's way every time you have sex outside the bonds of marriage. No one, to date, has died from abstinence, but many playing sexual Russian roulette are dying. If you rebel against traditional values, flaunt your sexuality before teen-age males and "experiment," you will not be able to deal with the consequences. Respect your body, save yourself for marriage.

■ Young married woman: Before heading off to the divorce court, ask yourself: Is this trip really necessary? If children are involved and you find yourself at the poverty level, consider that in many cases low- and middle-income families that can barely keep body and soul together now have to pay more taxes to prop you up.

■ Unmarried woman: Look before you make that leap to the altar. A good marriage is built on a solid foundation of love, trust, honesty and faithfulness, with Christ as the chief cornerstone. Cherish your husband, appreciate him and your marriage will endure a lifetime.

■ Wife and mother not working outside the home: When was the last time you thanked your husband for taking care of you and the children so that you can be a full-time wife and mother? Do you ease your husband's burden by not being a nag? Do you treat him like a king when he comes home tired?

■ Wife and mother who works outside the home: Ask yourself if the extra income is worth the accelerated pace. Your best investment is your children and your husband. Our times dictate that you should be more responsive to both. . . .

Dan and Marilyn Quayle, who were ridiculed for espousing traditional family values, were correct in their assessment.

Our nation is suffering. Our children are suffering. Government is not to blame. Young woman, you are responsible. Along with your husband, the "Kinder, Kuche, and Kirche" should be your primary concern.

CATHERINE MUELLER
Albuquerque

Stop teaching kids disrespec

I am appalled at what our children are being taught from the time they enter our public schools.

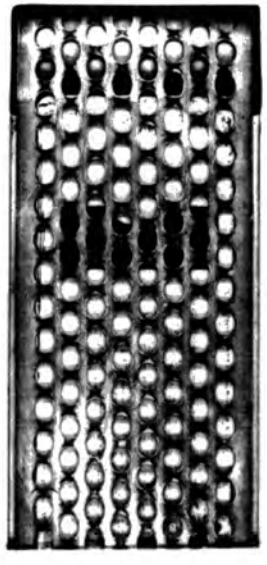
They are learning at a very young age that they do not have to accept discipline at home from their parents; all they have to do is pick up the phone and mumble "child abuse." Parents are being told that "if you spank me, raise your voice to me, make me go to my room" or perform **any other** disciplinary act that the child does not like that they will call the child-abuse center.

No longer does the parent have the control or the authority to instill in their children the fundamental social behavior of respect for one's parents, elders, rules or law and order.

Governmental regulations have tied the hands of our educators in their ability create an atmosphere that conducive to learning. They longer have control of the cla room. Once again, this is b cause of fear of reprisal fr issuing basic discipline for u acceptable behavior. O teachers have become bal sitters in an arena of chaos.

Government deregulation our education system is a mu Parents and teachers must wo hand in hand to regain t respect and the authority nec sary to create an environme structured for learning a academic and social skills r quired to produce responsil citizens who can function eff tively in society.

LINDA SEE
Albuquerq



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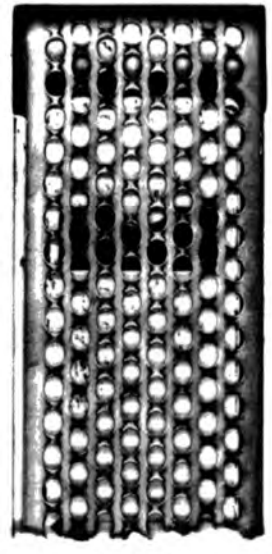

MS. KRISTINE GEBBIE
AIDS Czarina
The White House
Washington, D. C. 20500

Main
#03D07

NAPO Document Control Slip

NAPO Number : 7040 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/10/93 Refer'd Date : 8/10/93 Int Due Date : 8/10/93 Ext Due Date : 8/10/93
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Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : CATHERINE MILLER

********** Subject or Title **********

2925 Charleston - Albuquerque, NM 87110

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/10/93	8/10/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Roy Zeper
1704 Chippewa Ridge
Ambler, Pennsylvania 19002

Dear Mr. Zeper:

Thank you for sharing your ideas regarding a possible approach to HIV infection.

Both the National Institutes of Health and the Centers for Disease Control and Prevention have research programs related to this epidemic, and may be able to refer you to researchers with similar interests. You may contact them at:

Anthony Fauci, M.D.
Director
Office on AIDS Research
National Institutes of Health
NIH Building 1., Room 201
9000 Rockville Pike
Bethesda, Maryland 20892

James W. Curran, M.D., M.P.H.
Associate Director for HIV/AIDS
Centers for Disease Control and Prevention
Executive Park Building
1600 Clifton Road, N.E.
Mail Stop - D21
Atlanta, Georgia 30333

Best wishes in your further efforts.

Sincerely,

Kristine Gebbie /c

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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1704 Chippewa Ridge
Ambler, Pennsylvania 19002

Dear Mr. Zeper:

Thank you for sharing your ideas regarding a possible approach to HIV infection.

Both the National Institutes of Health and the Centers for Disease Control and Prevention have research programs related to this epidemic, and may be able to refer you to researchers with similar interests. You may contact them at:

Anthony Fauci, M.D.
Director
Office on AIDS Research
National Institutes of Health
NIH Building 1., Room 201
9000 Rockville Pike
Bethesda, Maryland 20892

James W. Curran, M.D., M.P.H.
Associate Director for HIV/AIDS
Centers for Disease Control and Prevention
Executive Park Building
1600 Clifton Road, N.E.
Mail Stop - D21
Atlanta, Georgia 30333

Best wishes in your further efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\zeper

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr Zeper

~~I'm sorry I'm not on a position~~

Thank you for sharing your ideas regarding a possible approach to ~~the~~ HIV infection.

~~As with any new procedure, the F.D.A. is the~~

Both the Nat'l Inst of Health & the CDC have research programs related to this epidemic, and may be able to refer you to researchers with similar interests. You may contact them at:

NIH

CDC

Best wishes in your further efforts

Sincerely

1704 Chippewa Ridge, Ambler, PA 19002 (215) 646-3545

END ϕ

July 3, 1993

Kristine Gebbie
Federal AIDS Coordinator
Presidental Commission on AIDS
The White House
Washington, D.C. 20500

Dear Ms. Gebbie:

Please forward the enclosed to a facility with the personnel and laboratory capability for further experimental research.

My preliminary research of this innovative procedure has proven extremely promising. This procedure in conjunction with conventional drug therapy should prove effective for many viral diseases.

I have found shunting the blood, externally distant from the body of the patient, and subjecting it to a very brief high-voltage electrical charge will destroy any virus. The electrical charge is dissipated before reaching the body of the patient.

The minimum voltage required for specific viruses to be determined. How it affects the components of the blood to be determined.

The treatment of AIDS with its long incubation period should respond well to this procedure, preventing HIV mutation.

May I hear from you?

Sincerely,

Roy Zeper

END Ø

1704 Chippewa Ridge, Ambler, PA 19002 (215) 646-3545

June 26, 1993

Kristine Gebbie
Federal AIDS Coordinator
Presidental Commission on AIDS
The White House
Washington D.C. 20500

Dear Ms. Gebbie:

Can you help?

I am an inventor,a member of The American Society of Inventors. I have developed an innovative procedure which holds promise for the treatment and eradicatuion of pathogenic hemo-microorganisms including the HIV virus. I have demonstrated this to several friends in the medical profession and all agree this procedure will destroy the AIDS virus.

I have proceded as far as I can and I now wish to turn over this information to a qualified research team with the facilities for further research. I do not have recourse to anyone in the field and am fearful my submission could be pigeon-holed in some office file drawer. May I send my written report to you so you may direct it to appropriate personnel in a position to actively pursue further studies?

I look forward to hearing from you.

Sincerely yours,

Roy Zeper

A MEDICAL RESEARCH PROCEDURE

by Roy Zeper

This procedure relates to the treatment and eradication of pathogenic hemo-microorganisms in patients and the apparatus that can be utilized for this purpose.

The present state of the art employs chemical treatment with specific drugs for destroying diseased microorganisms in the human blood stream, such as viruses, bacteria, rickettsiae. These drugs often prove only partially effective, requiring ingestion over a long period of time and often produce undesirable side-effects to the patient.
An example is in the treatment of the HIV virus. The most effective drugs presently used are AZT, DDI and DDC -- drugs that attempt to prevent healthy cells from becoming infected by working against the reverse transcriptase enzymne responsible for AIDS virus reproduction. They do not retard the HIV enzyme **protease** which the infected cell requires for reproduction. Furthermore these RT inhibitors also produce undesirable side-effects as well as virus mutation against which the drug is ineffective.

The principle object of my procedure is to obtain an improved method for the eradication of specific hemo-microorganisms, particularly those such as HIV which do not respond well to conventional therapy.
Another object of this proposed research is to determine which microorganisms can be weakened or completely destroyed by this new procedure.

The apparatus I show is designed to shunt the diseased blood of the patient into a cannula or narrow tube such as plastic tubing external to the body of the patient. The blood, now external to the patient's body is subjected to an increased electrical charge until the diseased microorganisms are destroyed; the processed blood is then returned into the patient's blood stream. As the electrical voltage is increased, at some point the diseased organisms will be killed. My research has shown this electrical charge within the tubing is rapidly dissipated before reaching the patient's body.
Research can determine the least voltage required for specific microorganisms. In practice, the constantly flowing diseased blood would pass through this electrical field.

Figure 1 is a plan view drawing showing blood-filled tubing receiving an electrical current and measurement of the voltage drop-off at various distances from the poles.

Figure 2 is a side-view drawing of the apparatus for the electrothanasia of diseased hemo-microorganisms.

Referring to Figure 1, I show how an electrical current carried in a blood-filled tubing is rapidly dissipated in a relatively short distance from the poles of the applied current.

An electrical current of measured D.C. voltage is applied to the positive pole 1 and the negative pole 2. The blood 5 contained within the section of tubing between poles 1 and 2 transmits the full voltage relatively without loss. At point 3 on the tubing 6, which is situated only 8 inches past the negative pole 2, the voltage drops off to about one third. At point 4, which is 6 feet distance from the negative pole 2, the reading upon voltmeter 7 is so low it fails to register. Similarly, utilizing A.C. (alternating electrical current), the voltage wll drop off to approximately one third at point 3, and at point 4 is close to zero. This rapid voltage drop-off makes it feasible to treat a constantly flow of diseased blood in a long stretch of tubing with a continuous electrical current.

In the treatment of patients with HIV virus, the addition of AZT as well as Protease Inhibitors simultaneously with the electrical charge will rapidly confuse and destroy the virus while preventing virus mutation. The AZT would be working against the RT enzyme while the electrical charge would permit the Protese Inhibitors to increase the number of CD4 cells (the infection-fighting white blood cells) without depleting them before they can invade the tissue.

In Figure 2 I show apparatus for this procedure that can be applied to experimental research. Opening the valve 13 permits the diseased blood 15 to flow into the tubing 16. The valve 13 is closed when the tubing 16 is full of blood. A rheostat 17 in the electrical line enables reduced voltage to be gradually increased passing through the blood between poles 11 and 12. The electric current is discontinued and the treated blood is siphoned off for hemodiagnosis. This is repeated at increased voltages until the pathogenic microorganmisms are found to be no longer alive. Thusly, the minimum electrical voltage required for electrothanasia of that specific microorganism is determined. If this voltage is below the hemocidal point of normal blood cells, we have a cure. Obviously, animal studies would be conducted prior to human studies.

It is quite apparent that other stimuli, including extreme cold and extreme heat may be applied in similar manner as described within this research procedure. Experimental research will determine the point at which the pathogenic microorganism is inactivated or destroyed.

This procedure opens up an entirely new method for treatment of hemo-related diseases, in conjunction with the addition of conventional drug therapy.

Roy Zeper 1704 Chippewa Ridge Ambler,PA 19002 (215) 646-3545

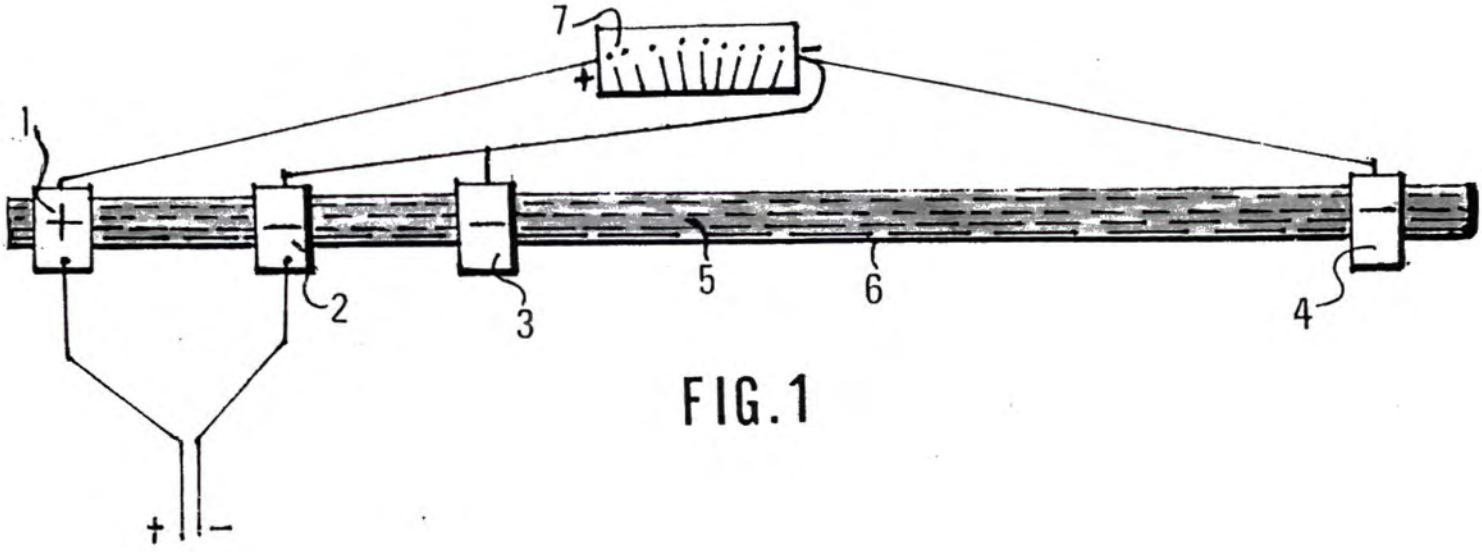


FIG. 1

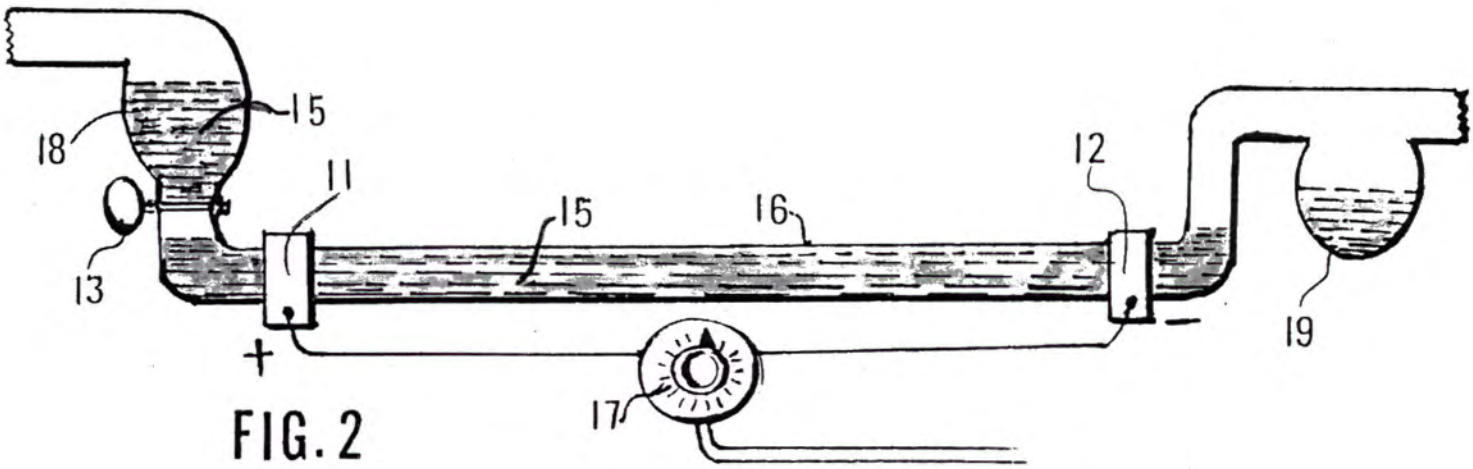
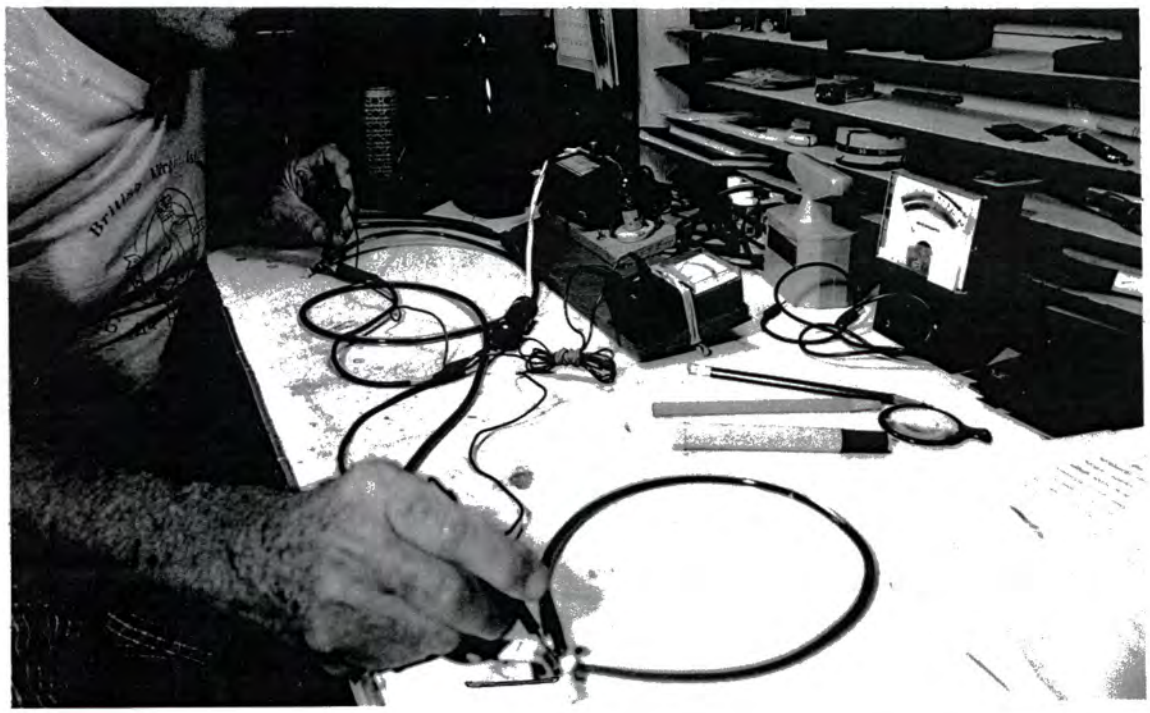
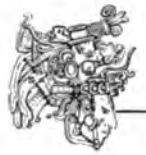


FIG. 2

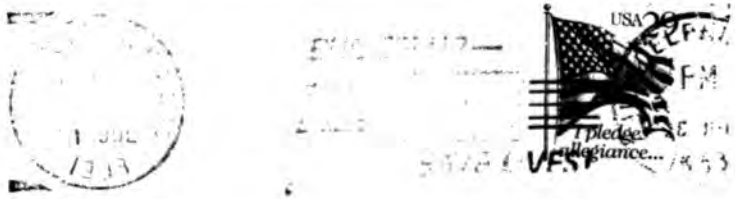


Roy Zeper
1704 Chippewa Ridge, Ambler, PA 19002

Kristine Gebbie
Federal AIDS Coordinator
Presidental Commission on AIDS
The White House
Washington, D.C, 20500



ROY ZEPER PRODUCTIONS
1704 Chippewa Ridge, Ambler, PA 19002



U R G E N T !

Kristine Gebbie
Federal AIDS Coordinator
Presidental Commission on AIDS
The White House
Washington, D.C. 20500

Main
#03D07

NAPO Document Control Slip

NAPO Number : 7037 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/10/93 Refer'd Date : 8/10/93 Int Due Date : 8/10/93 Ext Due Date : 8/10/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : ROY ZEPER

********** Subject or Title **********

1704 Chippewa Ridge - Ambler, PA 19002

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/10/93	8/10/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Harry B. Johnson
2570 Pioneer Drive
Reno, Nevada 89059

Dear Mr. Johnson:

Thank you for taking time to share your ideas regarding the AIDS epidemic.

It is my goal that our national program responding to HIV be built on the best of current science, and the best understanding we have of human behavior. The specifics will vary but this is the same approach used in previous decades of responding to the other diseases you mention.

In all cases the health profession's commitment has included concern for the privacy of individuals, and this should be continued for HIV infection.

I appreciate your interest and concern.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

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I appreciate your interest and concern.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\johnson.200

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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I appreciate your interest & concern.

Sincerely

NR

2570 Pioneer Dr.
Reno, NV 89509
June 26, 1993

Kristine Gebbie
AIDS Policy Coordinator
The White House
Washington DC 20500

Dear Kristine Debbie:

It is unfortunate AIDS has become a political football instead of a medical problem as it righfully should be. More money is now spent on AIDS reseanrch than on cancer or heart disease, yet the AIDS epidemic is spreading and threatening the straight community and our children.

There is a real solution to this problem but to date neither the Surgeon General nor anyone else has had the courage to really face the issue because of the enormous political pressure exerted by the Gay community.

The solution is the same as used to controlother life threatening epidemics such as bubonic plague, T.B., smallpox, etc. We could still continue research to find a cure for AIDS but in the meantime stop the spread of the disease by identifying and isolating all carriers and those afflicted by it.

The present policy of secrecy is idiotic and criminal. The current court case of a dentist with AIDS who infected at least 6 patients with the disease because he was able to legally keep his affliction secret is a good example. It shows how poor and actually criminal present attitudes and laws are. Then there are Gays with AIDS, who when they learn of their affliction, knowingly and purposly set out to afflict others for spite. An example is the male airline attendant from Quebec, Camada who estimated he gave the disease to 100 others before he died. He was bitter and openly declared he wanted to take as many others as possible with him when he died.

A real positive solution to the epidemic is to identify and isolate all carriers and all all those infected with old fashioned quaranteen, the same as was done with "Typhoid Mary" and other carriers of deadly diseases. This method was used to control and almost eliminate T.B., Bubonic Plague, smallpox, etc. And it will work to stop the AIDS epidemic until a cure can be found.

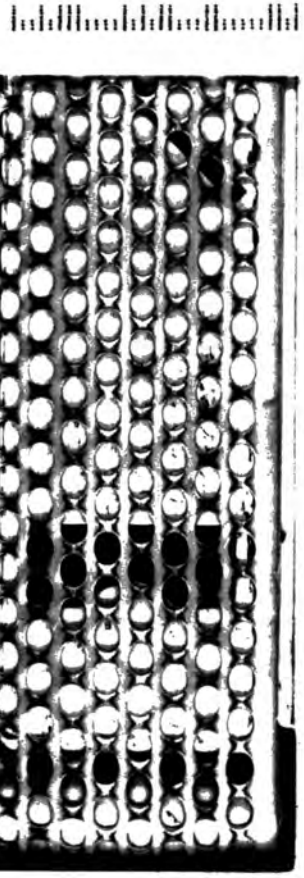
The present policy of secrecy and privacy for those afflicted and carriers is insane and criminal. This policy only exists because of the idiotic selfish political pressure by the Gay Community I urge you to push for a common sense medical approach to the problem instead of bowing to political pressure.

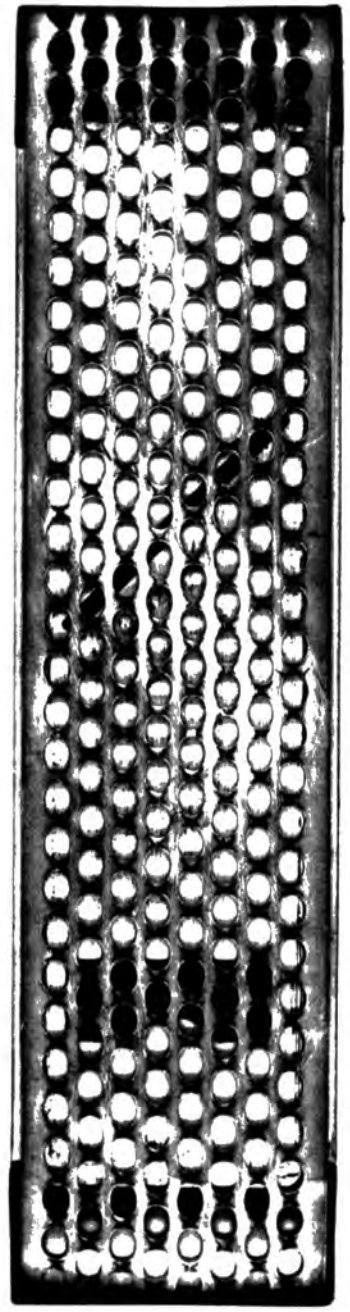
Sincerely yours,

Harry B Johnson

Harry B Johnson
2570 Pioneer Dr.
Reno, NV 89509

Kristine Gebbie
AIDS Policy Coordinator
The White House
Washington, DC 20500





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NAPO Document Control Slip

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NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : HARRY B. JOHNSON

********** Subject or Title **********

2570 Pioneer Drive - Reno, NV 89059

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

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Comments FROM assignees:

MAIN
03D07

NAPO Document Control Slip

NAPO Number : 7070 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : J. SIMONIELLO

********** Subject or Title **********

55 PETERS PLACE 2C - RED BANK, NJ 07701-1720-555

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. J. T. Simoniello
55 Peters Place 2C
Red Bank, New Jersey 07701-1720-555

Dear Mr. Simoniello:

Thank you for writing. A wide range of products are under review for possible use in combatting HIV infection. The challenge of fully understanding the human immune system is a great one.

Sincerely,

Kristine Gebbie, c

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. J. T. Simoniello
55 Peters Place 2C
Red Bank, New Jersey 07701-1720-555

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\simoniel.100

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr Simonello

Thank you for writing. A wide range of products are under review for possible use in combatting HIV infection. The challenge of fully understanding the human immune system is a great one.

Sincerely

NR

J.T. SIMONIELLO
55 PETERS PL-2C
RED BANK NJ. 07701-1720-555
1-908-530-1655

MS. KRISTINE H. GERBBIE
AIDS DIRECTOR (CTAR) - INFECTIOUS DISEASES
HUBERT H. HUMPHREY BLDG.
200 INDEPENDENCE AVE SW. - 20201
WASHINGTON DC. 20201

DEAR MS. GERBBIE.
INCLUDED IS INFORMATION ON INTERLEUKIN-1
& INTERLEUKIN-2 FOR YR. PREPUESAL.

THE MERCK INDEX - 11½ ED. CENTENNIAL ED. ①

4894 - INTERFERON-γ (RECOVER) 1989 pg 791-2

ENCYCLOPEDIA OF CHEMICALS, DRUGS & BIOLOGICALS

4895 INTERLEUKIN-1 - LYMPHOCYTE ACTIVIATING FACTOR, LAF, B-CELL ACTIVIATING FACTOR (BAF.) T-CELL REPLACING FACTOR, TRF. ENDOGENOUS PYROGEN: LEUKOCYTIC ENDOGENOUS MEDIATOR. MONONUCLEAR CELL FACTOR MOL WGT. 12,000-18,000 IMMUNOENHANCING, PYROGENIC POLYPEPTIDE FACTOR PRODUCED IN BLOOD & IN A VARIETY OF TISSUES BY MONONUCLEAR PHAGOLYTES RESPONDING TO ANTIGENS OR INFLAMMATORY AGENTS RESPONSIBLE FOR A WIDE VARIETY OF BIOACTIVITIES. ELICITS A NON-ANTIGEN SPECIFIC AMPLIFICATION OF CELLAR & HUMORAL IMMUNE RESPONSES. INDUCES PRODUCTION OF INTERLEUKIN-2 (IL-2) COLLAGENASE & PROSTATAGLANDINS INTIAL INDENTIFICATION OF FACTOR INDUCING T-CELL PROLIFERATION. I GERY ET AL J EXP MED 136 128, 143 (1972). OF FACTOR ENCHANCING ANTI-BODY PRODUCTION. P.D. WOOD S.L. GRAU J IMMUNOL 113, 925 (1974) ISOLN & PRELIMINARY CHEMICAL CHARACTERIZATION

(2)

I GERY R.E. HAPOSCHUMACHER CELL IMMONOLOGY
11#162(1974 ETC.

THE MERCK MANUAL - 15TH EDITION RED (1987)
pg. 261 CHAP. 17 § SECTION 2 IMMUNOLOGY
ALLERGIC DISORDERS

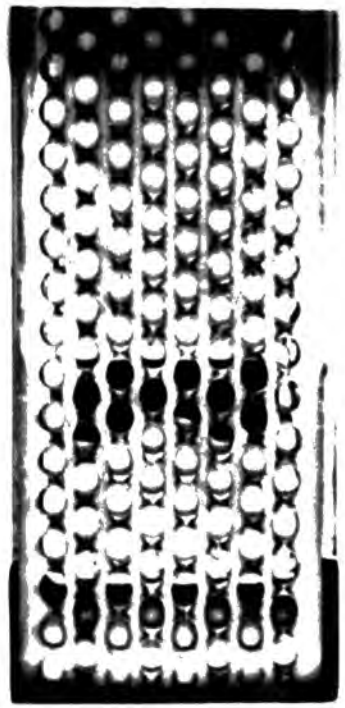
THE ACTIVATED T LYMPHOCYTE MEDIATES CELLAR IMMUNITY BY A DIRECT TOXIC EFFECT, REACTING DIRECTLY W CELL-MEMBRANE-ASSOCIATED ANTIGENS, OR BY RELEASING VARIOUS SOLUBLE FACTORS CALLED LYMPHOKINES. LYMPHOKINES (THE CHEMICAL MEDIATORS OF CELLULAR IMMUNITY AFFECT (1) MACROPHAGES, BY INHIBITING MACROPHAGE MIGRATION INHIBITORY FACTOR & CAUSING AGGREGATION; ATTRACTING MONOCYTES, & CAUSING FUSION OF MACROPHAGES SO AS TO FORM GIANT CELLS (2) LYMPHOCYTES BY AMPLIFYING LYMPHOKINE PRODUCTION PROMOTING ANTIBODY PRODUCTION SUPPRESSING T & B CELL FUNCTIONS, ATTRACTING UNCOMMITTED LYMPHOCYTES; AND PROMOTING PROLIFERATION OF TCELLS. T CELL GROWTH FACTOR (TCGF) INTERLEUKIN-2 (IL-2) AND GRANULOCYTES BY AFFECTING NEUTROPHIL MIGRATION (LEUKOCYTE) (INHIBITORY FACTOR) & BEING CHEMOTATIC FOR EOSINOPHILS, LYMPHOKINES HAVE BEE DESCRIBED THAT KILL MAMMALIAN CELLS NONSPECIALLY.

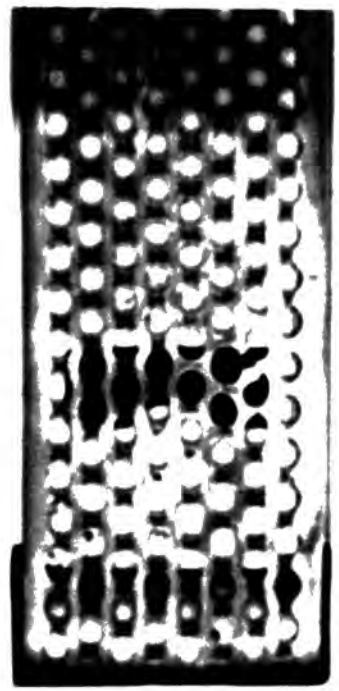
INHIBIT MULTIPLICATION OF LYMPHOID CELLS, INDUCE ANTIVIRAL ACTIVITY (INTERFERON) & PRODUCE SKIN INFLAMMATION.

IL-2 IS PRODUCED BY A SPECIAL SET OF T. CELLS. UNDER THE STIMULUS OF THE MONOKINE INTERLEUKIN-1 (IL-1) ALSO CALLED LYMPHOCYTE ACTIVATING FACTOR BECAUSE IT STIMULATES MATURATION & PROLIFERATION OF T CELLS. IL-2 HAS BEEN USED TO PROMOTE THE GROWTH OF ANTIGEN-ACTIVATED T CELLS FROM IMMUNE DONORS & TO SUPPORT CONTINUOUS LONG-TERM T CELLS CULTURES WITHOUT NEOPLASTIC TRANSFORMATION & THIS HAS ALLOWED INVESTIGATORS TO DOCUMENT THE PRESENCE OF T CELL SUBSETS & TO STUDY THEIR FUNCTION. & AS A RESULT IS PRESENTLY UNDER INVESTIGATIONS IN THE TREATMENT OF AIDS

J. T. SIMONIELLO
55 PETERS PL-2C
RED BANK N.J. 07701-1720-555

MS. KRINSTINE N. GERBBIE
AID DIRECTOR (CDAR) - INFECTIOUS DISEASES
HUBERT H. HUMPHREY BLDG.
200 INDEPENDENCE AVE, S.W. 20201
WASHINGTON DC 20201





THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Darrell G. Wells
Emeritus Professor
South Dakota State University
R4, Box 233
Brookings, South Dakota 57006

Dear Mr. Wells:

Thank you for writing and sending a copy of Peter Duesberg's writings. I have seen his work before.

While I disagree with Dr. Duesberg, and accept the overwhelming evidence that HIV is a communicable condition, I appreciate the interest and efforts of all concerned with establishing better responses to the epidemic.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

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Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\wells.200

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Dr Wells

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While I disagree with Dr Duesberg and accept the overwhelming evidence that HIV is a communicable condition, I appreciate the interest & efforts of all concerned with establishing better responses to the epidemic.

~~Yours~~ Sincerely

Shannon Hader

NR

July 1, 1993

Kristine Gebbie
AIDS Czar
The White House

Dear Miss Debbie:

In your new position you will be able to correct an appalling course of action on loss of immune systems in Americans. I will not be the first I am sure to call to your attention work that for several years has made it clear that AIDS is not a communicable disease, that it is the result in most instances of long term use of psychoactive drugs such as cocaine and heroin.

The "HIV" virus is an old one with a constant frequency of occurrence in America of o.o4%. It just happened to be present in the AIDS victims who were first tested by medical researchers. Their theory that HIV causes AIDS is an appalling example of careless medical research that would not be tolerated elsewhere but which has been frozen into orthodoxy by vast amounts of politically motivated public money.

The guilt of the National Institute of Health and the Center For disease Control grows daily while people continue to die who have been perfectly healthy but who have the "HIV" virus and have been daily given injections of AZT.

Enclosed is some of the literature on the subject. I suggest that you talk to Professor Peter Duesberg at the University of California in Berkley.

What are you going to do?

Best wishes.

Sincerely yours,

Darrell G. Wells

Darrell G . Wells
Emeritus Professor
South Dakota State University
R4, Box 233
Brookings, SD 57006

Pharmacology and Therapeutics

Pharmac. Ther. Vol. 55, pp. 201–277, 1992
Printed in Great Britain.

0163-7258/92 $15.00

an excellent review of 77 pages

Associate Editor: D. SHUGAR

AIDS ACQUIRED BY DRUG CONSUMPTION AND OTHER NONCONTAGIOUS RISK FACTORS

PETER H. DUESBERG

Department of Molecular and Cell Biology, 229 Stanley Hall, University of California at Berkeley, Berkeley, CA 94720, U.S.A.

Abstract—The hypothesis that human immunodeficiency virus (HIV) is a new, sexually transmitted virus that causes AIDS has been entirely unproductive in terms of public health benefits. Moreover, it fails to predict the epidemiology of AIDS, the annual AIDS risk and the very heterogeneous AIDS diseases of infected persons. The correct hypothesis must explain why: (1) AIDS includes 25 previously known diseases and two clinically and epidemiologically very different epidemics, one in America and Europe, the other in Africa; (2) almost all American (90%) and European (86%) AIDS patients are males over the age of 20, while African AIDS affects both sexes equally; (3) the annual AIDS risks of infected babies, intravenous drug users, homosexuals who use aphrodisiacs, hemophiliacs and Africans vary over 100-fold; (4) many AIDS patients have diseases that do not depend on immunodeficiency, such as Kaposi's sarcoma, lymphoma, dementia and wasting; (5) the AIDS diseases of Americans (97%) and Europeans (87%) are predetermined by prior health risks, including long-term consumption of illicit recreational drugs, the antiviral drug AZT and congenital deficiencies like hemophilia, and those of Africans are Africa-specific. Both negative and positive evidence shows that AIDS is not infectious: (1) the virus hypothesis fails all conventional criteria of causation; (2) over 100-fold different AIDS risks in different risk groups show that HIV is not sufficient for AIDS; (3) AIDS is only 'acquired,' if at all, years after HIV is neutralized by antibodies; (4) AIDS is new but HIV is a long-established, perinatally transmitted retrovirus; (5) alternative explanations disprove all assumptions and anecdotal cases cited in support of the virus hypothesis; (6) all AIDS-defining diseases occur in matched risk groups, at the same rate, in the absence of HIV; (7) there is no common, active microbe in all AIDS patients; (8) AIDS manifests in unpredictable and unrelated diseases; and (9) it does not spread randomly between the sexes in America and Europe. Based on numerous data documenting that drugs are necessary for HIV-positives and sufficient for HIV-negatives to develop AIDS diseases, it is proposed that all American/European AIDS diseases, that exceed their normal background, result from recreational and anti-HIV drugs. African AIDS is proposed to result from protein malnutrition, poor sanitation and subsequent parasitic infections. This hypothesis resolves all paradoxes of the virus–AIDS hypothesis. It is epidemiologically and experimentally testable and provides a rational basis for AIDS control.

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Rethinking AIDS

VOLUME 1, NUMBER 6 JUNE 1993

PETER DUESBERG AND THE RIGHT OF REPLY

A recent issue of Nature *(362:103-104, 1993) contained a commentary in which Michael Ascher et al. concluded that HIV infection, but not drug use, is significantly correlated with the risk of developing AIDS. Their article was based on epidemiological data gathered by the San Francisco Men's Health Study, and written expressly to refute the drug-AIDS hypothesis of Peter Duesberg.*

Despite this, and the fact that the article mentioned him by name 19 times, Nature *refused to publish Duesberg's reply. Instead, the 13 May issue carried a 1000-word editorial by* Nature's *editor, John Maddox, titled "Has Duesberg the Right of Reply?," in which he attempted to justify this self-acknowledged censorship.*

We, the editors of Rethinking AIDS, *are unpersuaded by Maddox's arguments, and in the interests of keeping open the normal conduits for scientific debate and the free exchange of ideas, publish here the text of Duesberg's reply, with the hope and expectation that Ascher and his colleagues will favor us with their own response.*

Ascher et al.[1] challenge my hypothesis that injected and orally consumed recreational drugs and AZT cause AIDS[2,3]. Based on a one-time inquiry about the use of marijuana, nitrite inhalants, cocaine and amphetamines "for the 24-month period before entry into the study" of mostly homosexual men from San Francisco, they claim that the incidence of AIDS diseases over 8 years is independent of drugs.

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THE MONTH IN AIDS

In England Sue Threakall is suing Wellcome, British manufacturer of AZT, in the belief that the drug killed her hemophiliac husband. Her suit alleges that Wellcome promoted AZT without adequate evidence of safety or effectiveness. † The NIH plans to close the lab of scientific fraud investigators Walter Stewart and Ned Feder. "To say we're being sent into scientific limbo is to put it cheerily," said Stewart, who began a hunger strike in protest. † The *Washington Post* and *New York Times* ran stories on AIDS and hemophilia on the same day, the *Post's* in the "Style" section. † The *San Diego Union* ran a feature article by Robert Root-Bernstein called "AIDS Reconsidered." † "AIDS Time Bomb," an April 30 article in *Dallas Morning News*, predicted that Asia will "soon eclipse Africa as the planet's worst AIDS horror story." † The World Health Organization announced that about 14 million people have been infected with HIV, about 8 million in sub-saharan Africa and 1.5 million in southeast Asia. † Burroughs Wellcome, U.S. maker of AZT, has begun co-sponsoring radio spots on "Living with HIV." † According to the Centers for Disease Control's James Curran "there were no press calls to CDC or NIH" following ABC's "Day One" show that questioned the HIV hypothesis.

AIDS RISK AND ORAL DRUGS

The federal Centers for Disease Control first defined the "heterosexual contacts of HIV-seropositives" as an AIDS risk group in 1985, when over half the AIDS patients in Belle Glade, Florida, were neither homosexual, intravenous drug users nor hemophiliacs—the previously-defined risk groups. We can now see that this new definition may have been designed to hide the real causes of these patients' illnesses: ***non***-intravenous drugs such as "crack."

Glade's AIDS rate was reportedly the highest in the world when the CDC began investigating there. But the agency was much more concerned with the unexplained case distribution. After interviewing patients about their sexual and drug behavior, it defined two new risk groups: heterosexual contacts of HIV-seropositives and Haitians. It was found then, and has been quietly revealed since, that many Belle Glade patients were heavily involved in non-intravenous drug use but the CDC did ***not*** list this as risk behavior, even though the immune-suppressive effects of these drugs had long been known. Protests caused the Haitians' removal from the risk group list, "heterosexual contact" stayed on it and non-intravenous drug use remained off.

The warnings by Jon Rapoport, Peter Duesberg and others

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AIDS RISK AND ORAL DRUGS

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about non-intravenous drugs' role in causing AIDS came after this definition by the CDC. But omitting the use of those drugs from the risk-behavior list, together with HIV's low transmissibility—and its low sexual transmissibility particularly—evokes suspicion. Only two or three sexual contacts are needed to transmit syphilis or gonorrhea while HIV transmission requires an average of 500 to 1,000, and even though some 75% of severe hemophiliacs have been HIV-positive for 8 to 10 years, only 15% of their wives are also positive. Significant heterosexual transmission of AIDS therefore seems rather dubious despite the individual cases making headlines and the push for condoms in all sexual encounters.

The AIDS epidemic still rages out of control in Belle Glade. New case rates were twelve times the national average as of April, 1993, and cumulative rates were fifteen times as great. The case distribution in terms of "risk" and gender has become even more unusual: while 26% of the cases were intravenous drug users (the national figure was 29%), over 60% were "heterosexual contacts" (in contrast to only 7% nationally) and 36% were women (as compared with only 12% nationally).

In February, 1990, Dr. Deanna James, Director of Belle Glade's West Palm Beach Health Center, described a "rampant epidemic" of crack use and the prostitution associated with drug use" in that area (*Dallas Morning Star*, February 11, 1990). She said 217 AIDS deaths had already occurred, and over 200 more have died since.

In a September 10, 1992, phone interview, Dr. Jean Malecki, Director of the Palm Beach County Health Unit (which has administrative responsibility over the Belle Glade-Western Palm Beach Center), vehemently insisted that "crack" plays an important role in AIDS there—and probably everywhere—both by itself and by fostering prostitution. When I asked why the Belle Glade physicians hadn't looked into the number of "crack" and other non-intravenous drug users—easily found by just looking at patients' charts—I was told the CDC doesn't require it. In December, I asked Dr. Malecki if a sample of charts could be reviewed in order to get a rough picture of how many AIDS patients were non-intravenous drug users. On January 4 at 6 p.m. a woman identifying herself as Dr. Malecki phoned to say that only 8% of a sample of 50 AIDS patients had used any drugs at all. That figure was preposterous since 26% were reported officially as intravenous drug users. I tried repeatedly to find whether Dr. Malecki had actually called but got nowhere. The call's implications are peculiar and perhaps ominous; if she did call, I don't see how she could have been truthful, and if she didn't—as I suspect—who was the unknown person trying to create confusion, and why?

On May 17, I asked Dr. S. Kumar, Director of the Palm Beach Unit's Division of Epidemiology and Disease Control, for the latest statistical report which she sent me at once. When I asked her for figures on non-intravenous drug use, she also told me they don't have them since the CDC doesn't require them.

To what extent is crack the cause of illness in the 60% listed as "heterosexual contacts" and the 36% who are women? We can't know until we find out how many of these patients used non-intravenous drugs.

The CDC has refused for eight years to reveal the extent to which those drugs—crack especially—are associated with AIDS in Belle Glade and elsewhere. The Florida doctors' reluctance to look into this easily-answered question is striking; did the CDC ask them not to? Recognizing the harmful effects of all such drugs—and the official efforts to conceal AIDS patients' use of some of them—we must ask if the CDC has been observing this epidemic rather than combating it, and if the questionable "heterosexual contacts" risk group was deliberately created to conceal that use—and to justify sterile needles officially condoning addicts' use of even more drugs.

Nathaniel S. Lehrman, M.D.
Former Clinical Director, Kingsboro Psychiatric Center, Brooklyn, NY

TABLE I: AIDS CASES AND RATES
U.S.A., Florida, Eastern and Western Palm Beach County (Belle Glade)

	USA	FLORIDA	EASTPB	WESTPB (BG)
1. Population	258.7m	12.9m	1.196m	38,000
2. Cumulative Cases	289,320	28,994	2,066	656
3. Cumulative Case Rate	112.1	224.7	172.7	1726.3

TABLE II: NEW AIDS CASES

3. New Cases, Jan-Mar, 1993	35,872	4,018	281	62
4. New Case Rates	138.7	311.5	234.9	1632

TABLE III: RATE COMPARISONS WITH BELLE GLADE'S (-1.00)

5. Cumulative Rates	15.4	7.7	10.00	
6. New Case Rates	11.8	5.2	16.9	

TABLE IV: RISK GROUPS OF NEW AIDS CASES, JAN. TO MAR., 1993: PERCENTAGES

Homosex/Bisexl. Male	56	50	46	13
IV Alone + w/Gay	29	27	29	31
Heterosexual	7	17	23	60
Others	8	7	3	1

TABLE V: CUMULATED CASES BY RACE AND SEX PERCENTAGES

White (non-Hispanic)	52	46	47	2
Black (non-Hispanic)	30	40	46	96
Hispan/Other/Unknown	17	14	6	2
Female	12	17	20	36

Source: Florida Health and Rehabilitative Service. Statistics cumulative as of April 1, 1993.

DUELING HYPOTHESES

For most people, AIDS fails to register on a daily basis. It emerges when a Magic Johnson steps forth, or when a Ryan White or Arthur Ashe or Rudolf Nureyev dies. But the rest of the time, most of us probably assume—we certainly hope—that at some future date there will be no more AIDS; and we notice that AIDS seems to be less of a "problem" than it once was.

But behind our dulled vision lies a very fierce battle—surprisingly, a scientific battle over the very cause of AIDS. Although the press refers to HIV as the "AIDS virus," thereby presuming and pronouncing it guilty of murder, there is an increasing group of scientists who are asking: Does HIV cause AIDS? A second question follows: If HIV does not cause AIDS, what does? Biologist Peter Duesberg of the University of California at Berkeley has an answer to that question; he claims that drug use (both illegal and legal—including, since 1987, AZT) is the cause of the decline of the immune system that precedes the two dozen illnesses known as AIDS. A less radical hypothesis is championed by many others, including Luc Montaigner, the French scientist who discovered the virus said to cause AIDS a decade ago. Montaigner now believes that HIV alone is incapable of causing AIDS, that co-factors are necessary.

Every once in a while, attention is given to alternative hypotheses—or to the point that the HIV-AIDS connection can be seen as an hypothesis rather than an incontrovertible fact. For example, last summer, when there were reports of AIDS cases in the absence of HIV; or, two years before that, when there were descriptions of Kaposi's sarcoma (one of the original "AIDS diseases") in the absence of HIV. If there is AIDS without HIV, how can HIV be the cause of AIDS?

The last two months have been another period for dueling hypotheses. In March, MacArthur Award winner Robert Root-Bernstein's book was published, *Rethinking AIDS: The Tragic Cost of Premature Consensus*; this is the most complete examination to date of the need to reexamine the hypothesis that HIV alone causes AIDS. Also in March, ABC's "Day One" became the first network television program to provide extensive coverage of challenges to the HIV hypothesis—featuring Root-Bernstein, Duesberg, Montaigner, and others.

If Montaigner and Root-Bernstein are agnostics in regard to HIV and Duesberg is an atheist, there certainly remain true believers. And their voices also were strongly sounded in March. *Nature* magazine published—with a press release sent out to the media in advance—a "commentary" directly attacking Duesberg's drugs-AIDS hypothesis. And two scientific papers claimed to resolve some paradoxes of HIV by showing that it is more active than previously thought and that it hides in places previously not considered. All of these papers were treated in news articles as successful challenges to Duesberg's hypothesis.

What is troubling to observe in this controversy is the level of acrimony that exists on both sides of the HIV issue. There seems to be no honest search for truth, no standards accepted by both sides to resolve the issue. There has been a lot of invective, a lot of name calling. Even on his own campus, Berkeley professor Duesberg is seen by many as a dangerous man (in part because his drugs-AIDS hypothesis undermines the wisdom of safe-sex and clean-needle campaigns).

On the other hand, the agnostics and atheists who see HIV itself as an opportunistic infection, or at most a co-factor, think entirely too much time, money, and effort have been spent on the hypothesis that HIV is what kills. These critics accuse the "true believers" of conflicts of interest (on HIV tests and AIDS drugs, for example) and of repeating past failures (the expensive and unsuccessful search for a viral cause of cancer).

The level at which the discussion is now being carried out can be gauged by looking at recent issues of the two most respected general scientific journals in the world: *Science*, published in the United States and edited by Duesberg's Berkeley colleague, Daniel E. Koshland, Jr., and *Nature*, published in England and edited by John Maddox.

In an article published on April 8, 1993, Maddox refers to "what the sceptics insist on calling the 'HIV hypothesis.'" He immediately adds: "there is no other, and thus no choice."

Those are strong words. To state categorically that there is no choice, that only one formulation of the truth exists ("there is no other") is a frightening rhetorical step to take.

A week later, *Science* magazine, covering the Keystone conference on AIDS pathogenesis, used this headline: "Keystone's Blunt Message: 'It's the Virus, Stupid.'" The article reported that David Ho, a co-organizer of the conference, was planning to make a button with that slogan which "succinctly summarized the meeting's major theme."

Thus, *Nature* and *Science*, read by more scientists around the world than any other journals, mock rather than further the debate. It is perhaps not surprising that these two journals have refused to publish a statement by the Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis. Founded three years ago, this group of "agnostics" now includes some 100 scientists, activists, and writers.

Now 12 years into AIDS without a single life saved on the basis of the HIV hypothesis, isn't it time to look more carefully and openly at alternatives? Isn't it time to rethink AIDS if by doing so we could end the tragic cost of a premature consensus?

Russell Schoch
Editor, California Monthly

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PETER DUESBERG AND THE RIGHT OF REPLY

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However, their study is worthless for a scientific appraisal of the drug-AIDS hypothesis, because it fails i) to study the AIDS risk of HIV-positive, drug-free controls, ii) to quantify recreational drug use, iii) to observe drug use long enough to detect toxicity, and iv) to report AZT use altogether.

Ascher et al. claim that "when controlled for HIV serostatus, there is no overall effect of drug use on AIDS," and that a "group" of "seropositive no-drug" users have lost T-cells at the same rates as "seropositive-heavy drug" users. However there were no HIV-positive no-drug users in Ascher's study, although the text implies that there were "homosexual/bisexual men reporting none [drug use]."

This is documented as follows. According to Table 1 all HIV-positives were homosexuals. All heterosexuals were HIV-negative, except one who was a drug addict (Ascher personal communication). According to Table 2 100% of the homosexual men were either "heavy" or "light" nitrite users, namely 144 plus 668 (Table 2) out of 812 (text). An unreported percentage of these men had also used other illicit recreational drugs, such as cocaine and amphetamines, in addition to AZT (see below). It follows that there are no HIV-positives who did not use drugs. Thus Ascher et al. directly confirm my drug-AIDS hypothesis. The association of drug use with all AIDS cases voids all of Ascher et al.'s claims of HIV-positive drug-free AIDS. Moreover if the data given elsewhere in the paper are correct, the curve in the Figure said to represent a "group" of "seropositive-no drug" users represents in fact nobody and is therefore a fabrication.

Ascher et al. also did not record how many drugs were consumed over any period. Although the cohort was examined at "6-monthly intervals," they based their drug-AIDS correlations on information "for the 24-month period before entry into the study." However with drugs "the dose is the poison." For example, lung cancer and emphysema are only acquired after at least 10 years of heavy smoking. If one were to correlate information on smoking for only 24 months with lung cancer, the results would be as inconclusive as Ascher et al.'s on drugs and AIDS. The 10 years of recreational drug use that is necessary to cause AIDS is a rational explanation for what is claimed to be the 10-year latent period of HIV by proponents of the HIV-AIDS hypothesis[2]. Indeed, Ascher et al. also confirm this aspect of the drug hypothesis with the observation that "heavy" drug users had twice as much AIDS and particularly Kaposi sarcoma as "light" users (Table 2). They correctly suggest that "this crude association is apparently the basis for Duesberg's hypothesis."

Moreover, the AIDS cases that Ascher et al. blame on HIV can instead be blamed on drugs because HIV is a marker for drug consumption. As they acknowledge, homosexuals at risk for AIDS use drugs as aphrodisiacs. Their data also confirm this point, as 72.9% of the heavy drug users but only 50.9% of the light users are HIV positive (Table 2). Since it takes about 1000 frequently drug-promoted sexual contacts to pick up HIV[2], HIV-positives have consumed the drug-equivalent of 1000 contacts more than have the negatives. This is one reason why HIV-positives are more likely to develop diseases from drug toxicity than negatives.

HIV positivity is also an indication for AZT therapy, which they fail to report altogether. AZT is prescribed as AIDS prophylaxis and therapy to HIV-positives but not to HIV-negatives[2]. As a chain terminator of DNA synthesis AZT is particularly toxic for the bone marrow[2,4,5], the source of T-cells. Indeed one of Ascher's coauthors (Winkelstein) confirms the widespread use of AZT in the San Francisco study[6]. This plus recreational drug use readily explains the decline of T-cells in HIV positives, which Ascher et al. blame on HIV[1]. To properly evaluate the drug-AIDS hypothesis, they must compare the numbers of T-cells over time in two groups of HIV-positives, those who use recreational drugs, AZT or both and those who do not.

Ascher et al. also fail to explain why "recreational drug use was considered an aetiological factor" by epidemiologists before 1984 and why since 1984 they find HIV to be the only cause of AIDS[7]. Epidemiologists seemed to have changed their perspective at exactly the time when the Department of Health and Human Services restricted funding for AIDS to HIV research.

Considering that AZT was developed to kill human cells by DNA chain termination for cancer chemotherapy, and that nitrites are among the best known mutagens and carcinogens, and can cause exactly the same Kaposi sarcomas in HIV-free homosexuals as in those with HIV[2,3], it is surprising that AIDS epidemiologists prefer the "enigmatic mechanisms of HIV pathogenesis to AIDS" over straightforward, chemical drug toxicity. But even solving all enigmas of HIV would not explain the over 3000 HIV-free AIDS cases recorded in the literature[2,8].

Peter Duesberg
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September 23, 1993

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Have you looked at the virus/AIDS issue enough to realize that it has no proof whatsoever? It has become a huge scam very profitable to many people and very discrediting to its advocates.

It was based on careless medical research. In my field of plant science such an announcement would not have gotten out of the department on its way to publication because it lacks the simplest proof. The long er you delay acknowledging the error of the virus/ AIDS theory, the more damage will be done to your administration and to the medical profession.

sincerely yours,

Darrell Wells

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AIDS ACQUIRED BY DRUG CONSUMPTION AND OTHER NONCONTAGIOUS RISK FACTORS

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Abstract—The hypothesis that human immunodeficiency virus (HIV) is a new, sexually transmitted virus that causes AIDS has been entirely unproductive in terms of public health benefits. Moreover, it fails to predict the epidemiology of AIDS, the annual AIDS risk and the very heterogeneous AIDS diseases of infected persons. The correct hypothesis must explain why: (1) AIDS includes 25 previously known diseases and two clinically and epidemiologically very different epidemics, one in America and Europe, the other in Africa; (2) almost all American (90%) and European (86%) AIDS patients are males over the age of 20, while African AIDS affects both sexes equally; (3) the annual AIDS risks of infected babies, intravenous drug users, homosexuals who use aphrodisiacs, hemophiliacs and Africans vary over 100-fold; (4) many AIDS patients have diseases that do not depend on immunodeficiency, such as Kaposi's sarcoma, lymphoma, dementia and wasting; (5) the AIDS diseases of Americans (97%) and Europeans (87%) are predetermined by prior health risks, including long-term consumption of illicit recreational drugs, the antiviral drug AZT and congenital deficiencies like hemophilia, and those of Africans are Africa-specific. Both negative and positive evidence shows that AIDS is not infectious: (1) the virus hypothesis fails all conventional criteria of causation; (2) over 100-fold different AIDS risks in different risk groups show that HIV is not sufficient for AIDS; (3) AIDS is only 'acquired,' if at all, years after HIV is neutralized by antibodies; (4) AIDS is new but HIV is a long-established, perinatally transmitted retrovirus; (5) alternative explanations disprove all assumptions and anecdotal cases cited in support of the virus hypothesis; (6) all AIDS-defining diseases occur in matched risk groups, at the same rate, in the absence of HIV; (7) there is no common, active microbe in all AIDS patients; (8) AIDS manifests in unpredictable and unrelated diseases; and (9) it does not spread randomly between the sexes in America and Europe. Based on numerous data documenting that drugs are necessary for HIV-positives and sufficient for HIV-negatives to develop AIDS diseases, it is proposed that all American/European AIDS diseases, that exceed their normal background, result from recreational and anti-HIV drugs. African AIDS is proposed to result from protein malnutrition, poor sanitation and subsequent parasitic infections. This hypothesis resolves all paradoxes of the virus–AIDS hypothesis. It is epidemiologically and experimentally testable and provides a rational basis for AIDS control.

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1993 John Fauci letter

The 9 February 1988 syndicated column of Jack Anderson and Joseph Spear, reaching millions of readers, was entitled, "AIDS Researcher [Gallo] Shuns Skeptics". The column strongly criticized the lack of official response to the critique of Duesberg, and in particular, the stonewalling tactics of the government's leading "AIDS expert", Robert Gallo. ("Gallo did not return at least a dozen calls for comment.") After portraying Duesberg's ideas as quite credible, and Gallo's evasiveness as deplorable, the column ends with a choice understatement:

> Hundreds of millions of research dollars are spent each year on the assumption that HIV causes AIDS. Medical experts we questioned believe that federal health authorities would be embarrassed if that assumption were wrong.

The ball is now in the court of the "AIDS virus" advocates — Robert Gallo, Anthony Fauci, Myron Essex, William Haseltine, Luc Montagnier, and Jay Levy — to defend their hypothesis that HIV is the cause of AIDS. The ethics and protocol of scientific dialogue demand that they submit a formal, written response to an appropriate medical journal, with *Cancer Research* and *Bio/Technology* being the most obvious choices. It goes without saying that their reply should contain adequate references for all assertions made, and that it should respond to each and every specific point of Duesberg's critique. If they are unable to defend the HIV hypothesis, then they should admit this publicly, so that the medical and scientific communities would know where things stand.

In the absence of an official response to Duesberg's critique — and as awareness of Duesberg's ideas is beginning to break through the media blackout — a number of statements have appeared, which have been taken to be responses to Duesberg. As I will demonstrate, these statements are really *non-responses* — attempts at stalling or disinformation — rather than genuine contributions to dialogue.

The New York Times/Philip Boffey

Following articles in the *New York Post* and the *Washington Post*, and in response to goading from the *New York Native*, *The New York Times* finally broached the topic of Duesberg on 12 January 1988. Philip M. Boffey's article, "A Solitary Dissenter Disputes Cause of AIDS", was somewhat hostile to Duesberg, and contained a number of distortions, but at least maintained a tone of civility. Boffey was forced to admit that "no scientist working on AIDS has published a detailed response to Dr. Duesberg", and that "scientists acknowledge that there is much they do not understand about HIV".

Boffey portrays Duesberg as a "solitary dissenter" who has come up with new theories that have withered on the vine because no one was interested in them. ("His paper sank without a ripple in the scientific world, winning few if any converts.") This follows the tack of the National Cancer Institute (NCI), whose press officers have attempted to give the impression that Duesberg's ideas are too "off the wall", too "off-beat", or too "insignificant" for their terribly busy scientists to bother replying to. This is misleading. Rather than advancing any new theories, what Duesberg has done is put the prevailing hypothesis to the test. The issue is not whether "Dr. Duesberg is wrong", but whether the HIV hypothesis is correct. It is the HIV hypothesis that needs to be defended, not any supposedly novel ideas of Peter Duesberg.

For months I have been trying without success to get any of the leading government "AIDS experts" to discuss the question, "What is the proof that HIV is the cause of AIDS?". I have not been allowed to speak to them, and they have not been allowed to speak to me. At the National Cancer Institute, officials in "Cancer Communications" (from whom "clearance" is required) have told me repeatedly that none of their "scientists", from Robert Gallo on down, were "interested" in discussing the etiology of AIDS. It is therefore infuriating to read the following in Boffey's article:

> "The evidence that HIV causes AIDS is so overwhelming that it almost doesn't deserve discussion any more," said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases.

As a member of the press, I believe I should be allowed to speak to Fauci, so that he can give me just one or two little bits of "overwhelming evidence" that HIV is the cause. Or is the evidence so very overwhelming by now, that no one should even be allowed to discuss the matter? What exactly is Fauci trying to say? Does he

1993 John Farnsten

Words almost fail in describing the interview. Gallo rants, raves, curses, and at times becomes completely incoherent. Let the following suffice as an example of his style:

> There's no ax to grind. The whole world...everyone is working on the problem of this virus causing AIDS. There is nobody that doesn't work on this virus as causing AIDS. Nobody! Every virologist on earth will tell you the same thing. This is the cause of AIDS. I don't know a single person that debates that. There is always somebody that can pull up to make some trouble! I mean the virus is created in my lab. Or even though we predicted that a virus like this couldn't cause it, OK, well, it has caused it, but maybe the French found it first. I mean, it is one goddamn event after another. It's like a no-win situation. Everyone knows this is the cause of AIDS. Except maybe two people. There is no debate. Call 5,000 scientists and ask.

Gallo

What does emerge from the interview is that Gallo is unwilling and unable to respond to Duesberg's critique. It is apparent that Gallo is not capable of presenting a reasoned argument, backed up with evidence, to support his hypothesis that HIV is the cause of AIDS. He spews out some distasteful ad hominem attacks on Duesberg, and engages in speculation on ways in which HIV *might* do its damage (indirect mechanisms, auto-immunity, etc.), but doesn't know where to begin in verifying his hypothesis.

What Does It All Mean?

Although major scientists have not come forward to support Duesberg, many do support him privately. Many are waiting for the HIV champions to respond to Duesberg, for after all, the ball is in their court.

In almost a year since Duesberg's *Cancer Research* article was published, no scientist in the world has attempted to refute it. Further, in a year's time, no scientist has come forward to defend the hypothesis that HIV is the cause. For that matter, no paper has ever been published that systematically presented the evidence that HIV should be considered the cause of AIDS.

Duesberg has reaffirmed that he is "eager to debate Gallo point by point regarding HIV"; Gallo is intransigently unwilling to debate Duesberg. Presumably each of them knows his own strength.

If you were playing chess, and had established a positional and material advantage, and then suddenly your opponent left the table and refused to return — you would be entitled to say you had won the game.

Perhaps it is unrealistic to expect Gallo and his "AIDS virus" colleagues to respond to Duesberg. What could they say? If they could have responded, they would have.

The consequences are so immense that one scarcely dares believe the possibility. But it is becoming ever clearer. Only one thing can explain the bizarre evasiveness of the "AIDS establishment": the stonewalling, the totalitariar suppression of dissent. Duesberg is right! **HIV is not the cause of AIDS!**

Ideas on a reply of any?

August 6, 1993

Dr. Kristine M. Gebbie:

Thankyou for your letter of July 30, copy enclosed. Would you like to send to me the evidence that AIDS is an infectious disease?

What is overwhelming about the virus/AIDS situation is the huge amount of money being largely wasted on it, a gravy train that the medical establishment is very reluctant to interrupt.

Have you read Dr. Duesberg's paper of 77 pages which competently surveys the entire picture? There has been no evidence not discredited that AIDS is an infectious disease. The original proponents have not in fact even been able to do the most basic thing in establishing a causal agent - produce the disease with that agent.

That you should take such a position is astonishing, either for a medical person or someone in your present position of responsibility. We have here an appalling situation that grows worse day by day and which will blow public confidence in medical people.

Sincerely yours,

Darrell G. Wells

Darrell G. Wells, PhD
Professor Emeritus
South Dakota State University
Brookings 57006

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Darrell G. Wells
Emeritus Professor
South Dakota State University
R4, Box 233
Brookings, South Dakota 57006

Dear Mr. Wells:

Thank you for writing and sending a copy of Peter Duesberg's writings. I have seen his work before.

While I disagree with Dr. Duesberg, and accept the overwhelming evidence that HIV is a communicable condition, I appreciate the interest and efforts of all concerned with establishing better responses to the epidemic.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

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National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Jeffrey Julio Negron
N-40833
P.O. Box 1900
Canton, Illinois 61520

Dear Mr. Negron:

Thank you for sharing your views on the experience of HIV within prisons. That is an area of concern to many. In fact, the Department of Health and Human Services is about to issue a report outlining suggested approaches for public health and prison officials to take in this difficult area.

Sincerely,

Kristine Gebbie, RN

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

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National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\negron.200

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr Negron

Thank you for sharing your views on the prevence of HIV within prisons. That is an area of concern to many. In fact, the ~~the~~ Dept of HHS is about to issue a report outlining suggested approaches for public health & prison officials to take in this difficult area.

Sincerely

NA

Death beyond your doors

At a medium security prison in Canton Illinois which goes by the name of Illinois River Correctional Center. Many prisoners with medical problems never recieve adequate care. Even for the prisoner who knows that he is H.I.V. positive, getting treatment is an ordeal. It is necessary to know one's legal rights regarding treatment and to fight the indifference of the prison administration and it's medical administrators tooth and nail. This is no easy task, if your sick, lack of legal resources, or are just uneducated. The prisoners often miss their treatment. Treatments are frequently delayed or performed by second rate prison doctors. Who in this case at Illinois River has or had a drug problem history and a criminal history of possession of large amounts of Canibus with intent to deliver.

Most prisons don't even allow H.I.V. positive prisoners to get nutritional supplements to help their bodies defenses fight the virus, In my case I'm paying with money being sent to me by my parents, $18.84 for 12 cans of Sustacal and have no operational control over a product paid for, by ourselves. H.I.V. positive individuals recieve far below adequate medical care. The only time that medical staff show any semblance of interest or concern is after an individual is seriously ill or near death. In a case example, ex-inmate Wilbert Bradly died Tuesday December 15, 1992. Just a few days before his release. Or was he murdered? The bureaucratic concerns of this prison would be hilarious if they weren't so tragic.

The vast majority of this prison administrators view H.I.V. or Aids as a non issue. Many are so desensitized that they fail to realize their obligation to take care of prisoners they may one day release to society. Not all health care or prison administrators fall under any of these catagories mentioned, but their hands are tied to provide help for fear of losing their jobs or pay. Our prison administrators were forced to acknowledge the need for an H.I.V. comprehensive counseling program, they responded after this writrer had gone on a hunger strike, to which the administration had dressed up,as a house refusal. And with much letter writting to Aids support groups and to the local press did they come up with a half hearted program that looks fantastic on paper, but in reality lacks substance and support.

This prison tries to create a state of "learned helpesness". We are taught that we are numbers and to wait our turn. Our counselors claim to know what is best for us. We shouldn't ask questions, just do what we are told. Even then, the care and concern of the medical needs of the terminally ill inmates is only very basic and apathetic. Then we have the uncertainties of being paroled from this violent and uncaring enviroment add to this helplessness which creates more unhealthy stress. The prisoners themselves have more compassion than is generally believed toward fellow prisoners with "The Monster" as some call it here. Others are not so kind, others shun us as lepers.

Being a prisoner at Illinois River with H.I.V. amplifies that sense of hopelessness. The H.I.V positive prisoner is left feeling a sense of impending doom from which there is no escape. I am about to be released from Illinois River. I have survived the toughest battle of my life. The battle-
The battle for my mental, emotional, and physical well being. I will howerver carry my scars of this battle for the rest of my life. And I will remember the fear of a dying friend and a brother. I cannot forget his look of saddness, loneliness and fright that overwhelemed him when he realized that he was going to die in prison. As long as the Illinois Department Of Corrections continue it's questionable hireing practices of hiring doctors who have been caught with illegal drugs, giving them a second chance to practice their gestapo style of medicine on prisoners, and who escape even jail & prosecution.

A writer once wrote, " The degree of civilization in a society can be judged by entering it's prisons". And this prison, with it's administrators and officals are a sad testimony to the civilization of our society.

P.W.A.

Jeffery Julio Negron
N-40833

cc: American Medical Association
World Health Organization
T.P.A. Possitivly Aware Network
Chicago Aids Legal Defense Counsel
Chicago Efforts For Aids
Chicago Sun-Times
Chicago Defense Against Discrimination Of P.W.A.
To Private Aids Research Foundations with it's own news letters
Mr. Peters, Director Of Illinois Department Of Corrections
Judith Coe, Health Care Administrator, Illinois Department Of Corrections

Mrs. Gabbie,
The Authority you have was given to you By the President But it came from God.
Help us please,

HEALTH AND FITNESS

DENTAL PROCEDURES

by Dr. Rufus Lawshea, D.D.S.

It is the goal of the Dental Department in the Health Care Unit at the Illinois River Correctional Center to provide routine and/or emergency dental care to each inmate. The Department of Corrections established acceptable guidelines by which the Dental Department is obliged to follow.

Since it (probably) is impossible to treat 1,500 inmates at the same time, the Dental Department attempts to provide service in an orderly and timely fashion as possible. Treatment is categorized by severity of problems: emergency (ASAP), routine, and optional. Although dental emergencies are rare, we try to provide relief of pain. Most dental work can be scheduled. With affective scheduling, more and better care can be provided. Schedules are made with regards to dental problems, not who you are. Dental work is not provided because one is "short". Please continue to cooperate with us as we continue to work on behalf of all of you.

PRESCRIBING KINDNESS

by Sue Brown
(Reprinted from Peoria Journal Star, February 28, 1993)

Lighting fast in both thought and motion, Dr. Robert Easton darts through the corridors of the prison's busy medical unit, deflecting distractions from all but his patients.

Entering an exam room to treat an inmate, time seems to stop for Easton. He makes eye contact. He listens. He pats a back and admires a tattoo.

Compassion seems to come naturally to the 46-year-old family practice physician.

Inmate Radame Velazquez, 33, of Chicago says, "Dr. Easton is always telling us, 'Go straight, go straight. I know how hard it can be out there, but you can do it.'

You get the feeling he cares."

But Easton's altruism is grounded in reality. "All I can do is make a small difference by treating these men with kindness and respect," he says.

"Most of them were abused as children and haven't ever known much kindness. I try to teach one thing. That all of us are powerful enough within ourselves to accomplish whatever we want without hurting anyone else."

Fighting demons

Easton's official title is medical director for this 3-year-old medium-security state prison. Employed by Correctional Medical Systems of St. Louis, which contracts with prisons to provide medical care, Easton is responsible for the health of about 1,200 inmates here and some 200 more at Hanna City Work Camp.

Easton, son of retired Peoria pediatrician Robert S. Easton Sr., graduated cum laude from Harvard University in 1968 and from Tulane Medical University in 1974. He practiced privately in Eureka from 1976 to 1985, then moved to Sycamore, in DeKalb County, and practiced in a clinic there.

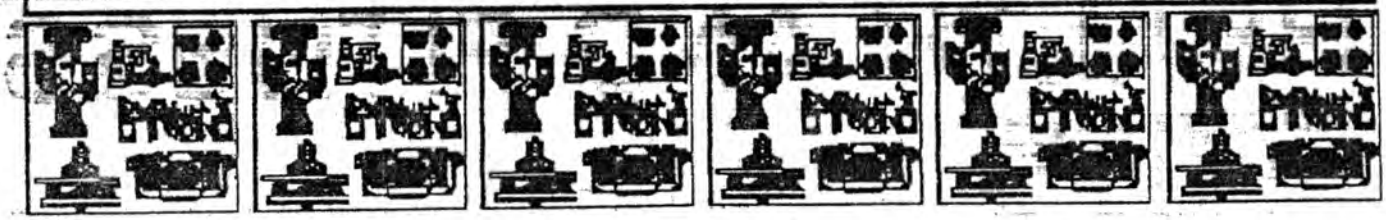
Easton was convicted in 1986 in DeKalb County of possession about 100 pounds of marijuana in his Sycamore home. Subsequent sentencing saw him serve three months in the DeKalb County Jail and perform community services, including speaking to high school students about staying drug-free.

Easton underwent six months of addiction rehabilitation, earned a certificate in addiction counseling and worked to get his state medical license back after it was suspended upon his arrest. "I've had frequent drug testing for years to prove to the state that I've stopped taking drugs," he says.

On his way to his current post, which he assumed in November 1991, Easton worked as a counselor at Youth Farm of Peoria and as medical director of White Oaks (addiction treatment) Center in Peoria.

Continued on Page 33

Dr. Easton



NO PROBLEM!

? ? ? ? ? ? ? ?

WHAT IS IT?

The LTS Department is sponsoring another PUZZLE CONTEST for the inmate population of Illinois River Correctional Center. The object of the contest is to guess the name of the person, place, or thing from the six (6) clues given below. The first five (5) inmates who correctly guess the correct answer will be given a coupon for a pint of ice cream. Contest entries should be submitted to the LTS Department on a Resident Request Slip, and placed in an envelope marked: LTS Department PUZZLE CONTEST. The deadline for entering the contest will be two (2) weeks after the distribution of the SPRING ISSUE of the CURRENT. All inmates are eligible to participate except for members of the CURRENT's staff and volunteers. GOOD LUCK!

CLUES

1. The path is soft
   to where I'm found,
   and I will never
   make a sound.

2. I never go
   on a vacation,
   you have to come
   to my location.

3. I'm tall, I'm short
   seen by all around,
   but I will never
   touch the ground

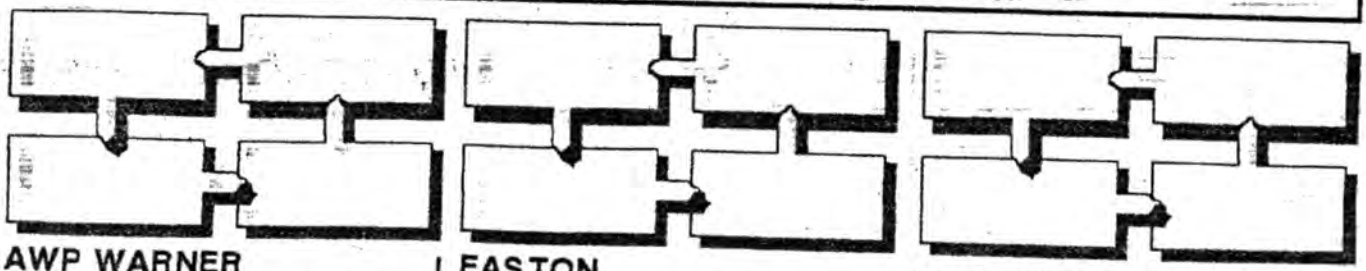
4. In prison am I
   and just like you,
   I am known
   by my number too.

5. Without a word
   I seem to say,
   I'm proud to be
   in the U.S.A.

6. With my name and location
   send your guess,
   Addressed to--
   Supervisor LTS.

Inmate V. Grillo was the only person to correctly name the item described in the PUZZLE CONTEST in the last issue. The correct answer was: the manhole cover in front of Tower Five (5).

Congratulations!



AWP WARNER
Continued from Page 23

country. It provides us with a vehicle to "get the word out;" to recognize accomplishments; and, to provide entertainment. Additionally, the newspaper can serve to assist those involved with its production "hone their skills" and "practice their craft."
The quality of the CURRENT has improved tremendously since the first copy I saw when I came to IRCC. This is in large part due to your efforts, Mr. Harris; and, I commend you for your efforts. The tools and resources are there--however, dedicated individuals such as yourself are responsible for the quality.

HARRIS: Thank you. AWP Warner, is there anything else you'd like to say to the readers of the CURRENT?

WARNER: I am committed to the provision of quality programs here at Illinois River Correctional Center. The theme of this quarter's issue of the CURRENT: "SPRING--Renewal of Great Expectations!" seems particularly appropriate as we expect 1993 to be a very good year!

EASTON
Continued from Page 20

"I've tried to turn my own experiences around and use them to help other people going through the same thing," he says.

Making a difference

Today, Easton works hard to convince inmate-patients to stay drug-free, kicking all addictions, including smoking. "Getting free of addiction gets people to stop masking their problems and start solving them," Easton says. "Then they really grow as people."

Today, a 22 year-old inmate from Centralia seems excited that Easton has loaned him stop-smoking cassette tapes and other motivators to help him kick his nicotine habit. "I don't want to be smoking when I get out in March," says the man, who asks not to be identified. "I don't want to be smoking around my family."

"I've been incarcerated four times and I've seen prison doctors before," says Maurice Coleman, 331, of Chicago, his face swathed in a bandage. "Dr. Easton is the only one who's cared enough to take a big growth off my ear. Now the guys can't criticize me about the way I look."

Easton is philosophical. "In a place where people can't get much of what they want," he says, "there will be a level of dissatisfaction.

He finds fulfillment here, Easton says. His work is needed; it's never dull. He performs a variety of functions, from emergency care to minor surgery to some counseling. He works upward of 55 hours a week, he estimates, and is on call 24 hours each day. Every third weekend, another physician takes over call so he can be free to enjoy the time with his wife, Sue, and their four teen-age children at their Hanna City home.

Today Easton is unflappable through a hectic pace and repeated interruptions. Stamina helps, he says, so he runs and meditates.

He sings off-key until the nurses beg him to stop. And he smiles a lot, the corners of his mouth stretching into a genuine I'm-having-fun kind of grin. "What I try to do here," Easton says, "is light candles where I can, as the saying goes, and never waste time cursing the darkness."

BE HAPPY, MORE PRODUCTIVE!

A century ago, Robert Louis Stevens devised a number of rules to help people live happier, more productive lives. These rules may be a century old, but they are still excellent guidelines:

1. Make up your mind to be happy--learn to find pleasure in simple things.
2. Make the best of circumstances. No one has everything, and everyone has something of sorrow.
3. Don't take yourself too seriously.
4. Don't let criticism worry you--you can't please everybody.
5. Don't let your neighbors set your standards--be yourself.
6. Do things you enjoy, but stay out of debt.
7. Don't borrow trouble. Imaginary things are harder to bear than actual ones.
8. Since hate poisons the soul, do not cherish enmities and grudges. Avoid people who make you unhappy.
9. Have many interests. If you can't travel, read about places.
10. Don't hold postmortems or spend time brooding over sorrows and mistakes.
11. Don't be the one who never gets over things.
12. Keep busy at some thing. A very busy person never has time to be unhappy.

CHRISTIAN FAMILY...
Continued from Page 9

the quartet included James Conyers, Gary English, George Francis, and Louis Mosley. Mosley was a crowd favorite with his lead singing of "O'Mary Don't You Weep", as evidenced by the outbursts and applause of the audience. "Liberty", the female trio--consisting of Olivure Harris, Dorothy Jefferson and Carmen Murray on piano--performed two (2) traditional gospel hymns: "Precious Blood" and "Jesus, Precious King."

Humes again resumed the mike--and introduced the IRCC Gospel Choir, under the direction of Inmate Pervis Miles. Ms. Vera Wheeler, a chapel volunteer, accompanied the choir on the piano as they sang: "I'm So Glad Jesus Lifted Me" and "Lord, I Will". Following the performance of IRCC's Gospel Choir, "The Music Makers" rendered a "musical medley of praise". The instrumental extravaganza was performed by Ann Pierce on keyboard, Tyrone Wallace on drums, Leon Aldrige on bass guitar, and James Conyers on trombone.

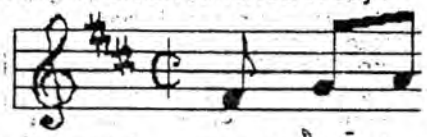
A highlight of the evening was the performance by "Vision", the female quintet--featuring Valerie Evans, Robin Gathers, Debbie Humes, Ann Pierce, and Gloria Warr. They sang an A&B selection: "The Devil Thought He Had Me (But I Got Away)" and "When God Is In The Building"--both were contemporary songs of worship; lead by Gloria Warr.

Purnell closed the program by calling Tipton to deliver the benediction. He spoke briefly from Exodus (Exodus 8: 8 -10). Before turning the mike over to the Mistress of Ceremonies, Tipton held an Altar Call--approximately ten (10) inmates came forward for prayer and "deliverance". The evening was concluded with a final A&B selection by "Vision"--"Victory" and "Twelve Gates To The City/I Won't Be Back", lead by Gloria Warr.

LADY JAM...
Continued from Page 14

enthusiastically sang and waved their hands to the funky beat as LADYJAM welcomed audience participation. LADYJAM encouraged the audience to not be "'Duplicators' nor 'imitators', but 'Originators'!"; she expressed concern that children are acting like "gangsters", she admonished the audience not to become "a victim of 'peer-pressure', but to pressure your peers positively!"

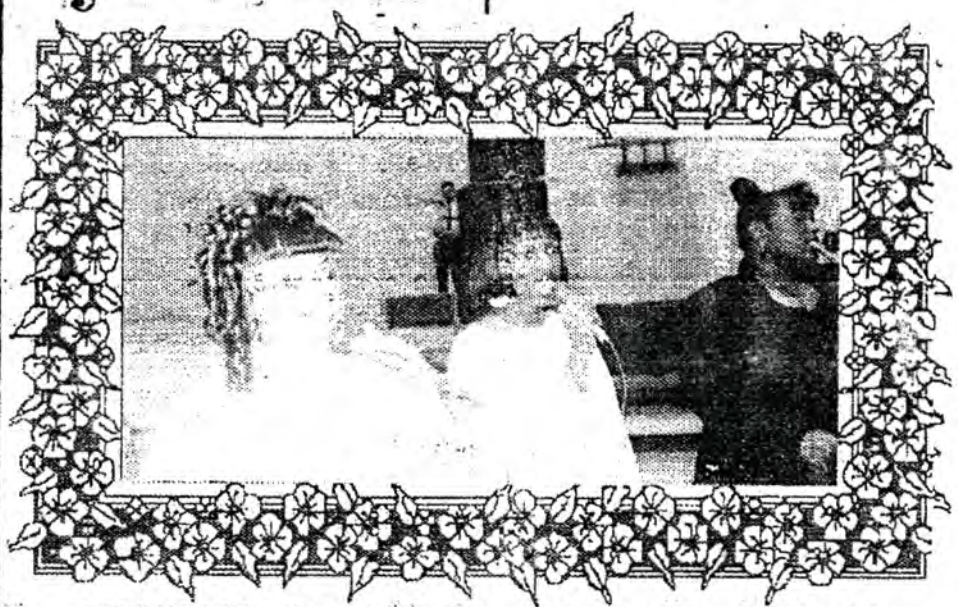
In closing the show, LADYJAM noted that "February is Black History Month" and she asked those present to consider the struggles that our forefathers went through; and the status of African-Americans today. She told the crowd to think about the sacrifices made by others, so that we might live today. She also posed the question: "Would they be pleased with the condition/ status of black America today?"



RICHARD BOYCE...
Continued from Page 9

Ms. Ware told the crowd, "We have a purpose for being here. We want to minister to you. We love you!" Ms. Mosley said, "We hope this concert has been a blessing." Ms. Hopkins noted, "Everything we go through in life, we go through for a reason; and, if we trust God--everything will work out 'For The Good'."

Following the show, Boyce expressed his disappointment that "Youth Resurrection" was unable to appear as originally scheduled; because of the short notice and security considerations. However, he promised that the group would make an appearance at the prison in the near future. "Youth Resurrection" is a youth ministry founded by Boyce in the Peoria area. Mr. Boyce's inspiration for forming the "Youth Resurrection" came from Walt Whitman and the Soul Children of Chicago, Illinois.



"ANOINTED" (l to r): R. Ware, V. Mosley, R. Hopkins

Keets finds unlikely bond

FRED ZWICKY/Journal Star

AIDS patient wins respect of prisoners

☐ Inmates give Canton teen-ager standing ovation

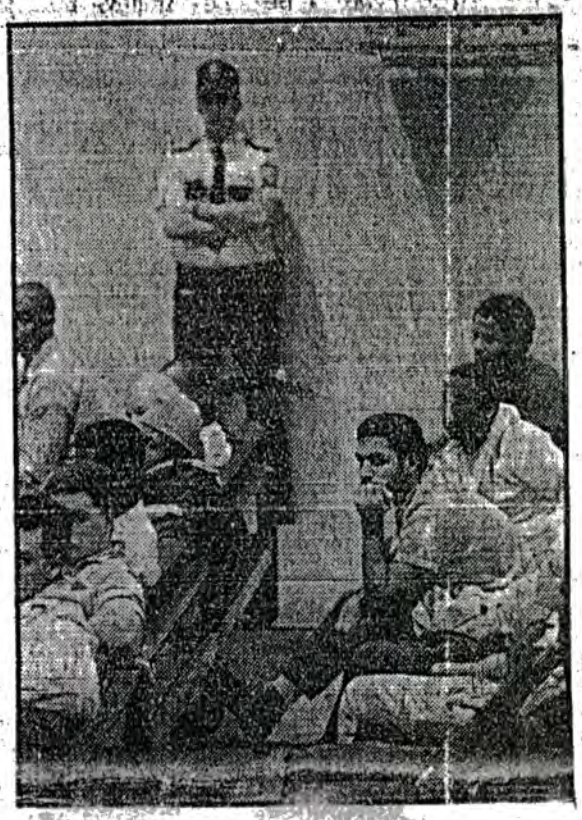
By LORI TIMM
of the Journal Star

CANTON — John Keets and residents at the prison here share little more than living in the same county, but they found an unlikely bond Wednesday through Keets' message of AIDS education.

"The inmates here respect openness. If there was more education, the fear of worthlessness, anxiety and threats would all be eliminated," said Jeffrey Negron, 38, an inmate at the Illinois River Correctional Center who has been diagnosed with AIDS.

Keets, a 19-year-old AIDS patient from Canton, addressed about 100 prisoners and staff members in an hour-long session marked by

Please see KEETS, Page A2



Above, John Keets' visit to the Illinois River Correctional Center on Wednesday ended in a fervent prayer session led by inmate Elijah Mitchell (center). He asked for a miracle of healing as Keets' brother, Matt, and mother, Liz, knelt nearby. Joining in the prayer are inmate Jeffrey Julio Negron (far left) and prison chaplain Frank Tipton (far right), whose prayer team focuses on Keets, an AIDS patient. At left, more than 100 prisoners listen as Keets encourages condom use and explains other ways to avoid getting the virus that causes AIDS. AIDS education is part of prison staff training and of inmates' school curriculum; still, the hardest lessons are on the cellblock — Negron said a fellow inmate died Tuesday from an AIDS-related illness.

in a dusty courtyard and craned their eyes to heaven.

"Everyone was saying, 'It is the Americans, the Americans have come to help us at last,' " Aden said.

The 530 U.S. Marines and 142 French legionnaires rolled without incident through the town's rutted streets, cheered on by thousands of people, and took control of the adjacent air base where former dictator Mohamed Siad Barre once made his headquarters.

By midmorning, Marine Capt. Warner Hellmer had met with representatives of the relief agencies, and by afternoon the troops were escorting food to a local orphanage and a nearby warehouse.

"This is the best way to spend Christmas ever," Marine Capt. Sean Moore said as 620 children at the orphanage clapped and sang a song of thanks.

"Three times in a row we've been able to walk in peacefully

rade, people clapping and s
ing and happy to see us."

Western aid agencies, cluding some that had oppo the U.S. mission and ot that had criticized it for b too slow, were unanimous W nesday in praise of the mili efforts and hopeful, even o mistic, about the future.

FROM PAGE A1

LANDFILL

non-hazardous, household-type waste.

Gallatin officials said they wanted the public to know construction was complete, even though disposal operations will not begin for several months.

The landfill is the first Gallatin National Co. has built, and company officials said they are anxious to line up paying customers, since, as of now, Hennepin County is the firm's only customer.

Gallatin's Minnesota contract is a four-year pact to dispose of up to 400 tons of incinerator ash each day.

Gallatin is arranging for landfills in Indiana and Missouri to take the ash beginning Jan. 4, until the Fairview site gains IEPA approval and begins disposal operations.

Waste Management currently disposes of the Minnesota county's ash in a Joliet landfill under a contract set to expire Dec. 31.

According to the new, four-year contract signed Tuesday, Waste Management will be accepting the ash at a cheaper price than Gallatin. The contract specifies that Waste Management is to receive at least 33⅓ percent of all ash produced annually at the Minnesota incinerator, Genzlinger said.

The incinerator produces about 100,000 tons of ash per year, all of which would have gone to Gallatin if Hennepin County had not felt it necessary to sign another contract to protect itself, Genzlinger said.

"It doesn't look like Gallatin will be ready to operate by the end of the year when our other contract runs out," Genzlinger said.

Earlier Gallatin officials expressed concern that continued delays by the IEPA in granting approval for the ash

disposal could jeopardize Minnesota contract.

But Ron Hutchens, Gall executive vice president, the company is not wor about the second contract.

"Our contract is still int What they have done is something they have been cussing for a while. It is a g business practice on t part," Hutchens said.

Hutchens said he think Jan. 26 IEPA public hear which has delayed the agen disposal permit process, pla a role in Hennepin Cou Minn., seeking a second wa disposal company.

KEETS

hugs, tears and prayers.

"There are two powerful drugs and we all have access to them: love and compassion," Keets said, as guards' walkie-talkies crackled in the background.

As he does at most of his talks, Keets asked audience members — largely young minority men — to put themselves in his shoes.

"Man, that's impossible, I just can't do it," said one inmate. "At face value, you look good. I just want to know how you feel."

Keets said he is in good health but that he dreads the winter. "I'm trapped in the house . . . I feel like a hamster that's caged in," he said as the inmate smiled wryly.

It was a different audience for Keets, who has spent the last 18 months speaking to church and school groups about AIDS. He contracted the human immunodeficiency virus — which causes AIDS — from a blood transfusion.

Keets accepted a $255 donation to his foundation for AIDS research and received an inmate's drawing of Keets and his girlfriend before he began a question-and-answer session in the prison gymnasium.

Many questions were familiar; prisoners inquired about how Keets contracted AIDS, his friends' reactions, his health and medication.

One inmate posed a more direct query: "With you and your girlfriend . . . are you all sexually active?"

"I don't like to talk about any of that. That's really a personal question," Keets answered as discussion rippled through the audience.

But prison Chaplain Frank Tipton said that was a sign inmates fully accepted Keets and his answer.

"They respected him because he didn't dodge the question and was straightforward with them. They are amazingly frank: if they didn't believe him, they would have hissed and booed," Tipton said.

One inmate apparently examined his own lifestyle when he framed his three-part question: Can a person get AIDS from sharing a razor? What about from a bite? Or a kiss?

The first two are potential dangers, Keets said, because they can involve the exchange of blood. A kiss generally is safe, although deep kissing

could transmit the virus if b participants have oral cuts, said.

Some nodded in respo and leaned forward in t seats during the presentati Whistling and clapping, the mates rose to their feet at end of Keets' remarks in prison gymnasium.

The speech grew out of gron's correspondence w Keets' mother Liz. Negr who first saw John Keets television, said the m strength has helped him fi his own battle with AIDS.

There are 16 full-blown Ai patients in the Illinois Dep ment of Corrections, spok man Nic Howell said Wedn day. The prison system d not have mandatory tes and officials do not know h many inmates have HIV, said.

Clinton reportedly picks two more for Cabinet

LITTLE ROCK, Ark. (AP) — President-elect Clinton has settled on veterans leader Jesse Brown to head his Veterans Affairs Department, and former San Antonio Mayor Henry Cisneros for housing secretary, sources said Wednesday.

Brown is executive director of the Disabled American Veterans. The No. 2 man in the organization, he is known as a crusader for improved health benefits for disabled veterans.

A Democratic source said Cisneros had accepted Clinton's offer.

HOUSE

go, who also was not re-elected, has not reported receiving a letter. He was not available for comment.

Wilkey's report means the scandal is ending for all but a few members of Congress. After a House ethics committee investigation revealed that lawmakers wrote thousands of bad checks at their bank, the issue all but paralyzed the chamber for a time this year and helped lead to election defeats and a record number of retirements.

But the connections weren't always simple. For example

retiring New York Rep. Robert Mrazek, whose Senate campaign was destroyed by his 920 overdrafts, has been cleared of criminal wrongdoing by Wilkey while other congressmen who won re-election have not.

The bank, which allowed members to write overdrafts without financial penalty, has been closed for more than a year.

Wilkey has reviewed 329 House bank accounts with overdrafts and has sent letters to most former and current members clearing them. Those remaining also include former House employees, the report said.

"In those instances where

covered evidence of poss criminal conduct, only a ful vestigation can deter whether indictment and pr cution is appropriate."

An Associated Press su shows 18 House members not said they have received ters clearing them, inclu four who have been re-ele to the next Congress. A so close to the investigation additional letters went Wednesday.

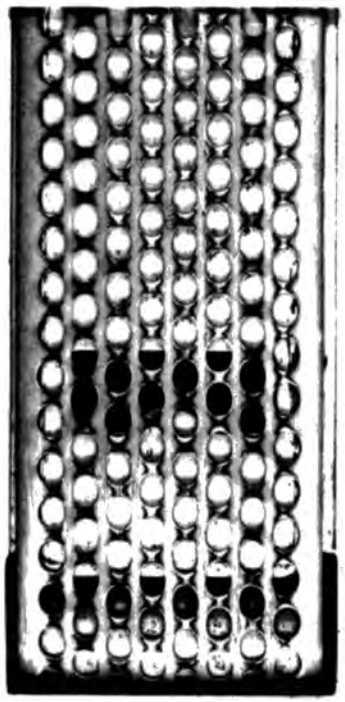
The four returning mem who have not reported re ing letters from Wilkey Democrats John Conyers Michigan, Charles Range New York, Harold E. For Tennessee and Charles W

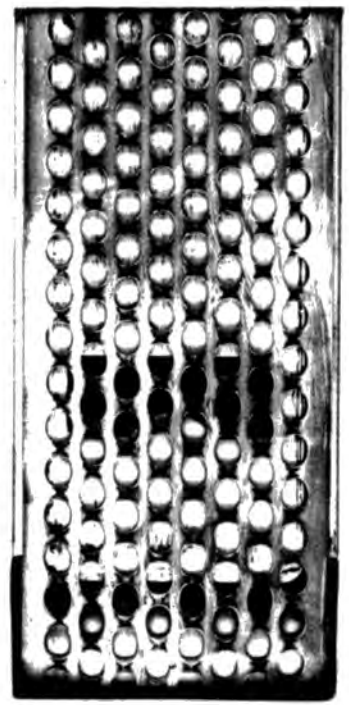
Jeffrey Julio Negrón
N-40833
P.O. Box 1900
Canton IL.
61520

Privileged Mail

CANTON JUL - 9'93
U.S.POSTAGE 0.52
PEORIA IL 61601 22:43 07-09-93

To: Mrs. Kristine Gebbie
Aids Policy Coordinator
The White House
1600 NW Pennsylvania Ave.
Washington D.C. 20500





Main
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NAPO Document Control Slip

NAPO Number : 7042 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/10/93 Refer'd Date : 8/10/93 Int Due Date : 8/10/93 Ext Due Date : 8/10/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : JEFFREY JULIO NEGRO

********** Subject or Title **********

N-40833 - PO Box 1900 - Canton, IL 61520

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/10/93	8/10/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

MAIN
#03D07

NAPO Document Control Slip

NAPO Number : 7071 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : ROB LANKERING

********** Subject or Title **********

P.O. BOX 4427 - VERO BEACH, FL 32964

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Rob Lankering
P.O. Box 4427
Vero Beach, Florida 32964

Dear Mr. Lankering:

Thank you for the copy of your earlier letter to Hillary Rodham Clinton. I have received a wide range of information and suggestions as I take up my new duties. I appreciate the continuing interest of citizens such as yourself in finding the right combination of prevention and services to respond to the epidemic.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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P.O. Box 4427
Vero Beach, Florida 32964

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\lankerin.100

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Dr Wiewiorka

Thanks you for sharing materials regarding your experiences at Univ of Illinois.

Dear Mr Lanzing

Thank you for the copy of your earlier letter to Hillary Rodham Clinton. I have recieved a wide range of information & suggestions as I take up my new duties. I appreciate the continuing interest of citizens such as you in finding the right combination of prevention & services to respond to the epidemic.

Sincerely

NR

Rob Lankering, P.O. Box 4427
Vero Beach, Fl 32964, June 26, 1993

KRISTINE GEBBIE, AIDS POLICY COORDINATOR
c/o **HILLARY RODHAM CLINTON**
THE WHITE HOUSE
WASHINGTON, D.C.

Subject:- IS IT AGAINST THE LAW TO FIND A CURE FOR AIDS or CANCER??????

Dear KRISTINE:

Two copies (1 week apart) of the following letter was sent to both Hillary Clinton & Ira Magaziner about May 16, 1993. No answer has been received to date. Please note Par 1.

$BILLIONS can be saved by **REDUCING THE NEED FOR AMA type SERVICES, simply by including the following in The New National Health Care Program:-**

1 - **CANCER & AIDS** - **Recognize "ESSIAC" & "5HERB" FORMULAS** as having potential relief for dreaded **"CANCER & AIDS". The attached article, re: ESSIAC, presents pertinent background. After taking the 5HERB FORMULA, a person changed from HIV POSITIVE to HIV NEGATIVE. Also, there are herbs to alleviate MOST HEALTH PROBLEMS as indicated by my attached letter!! Due to the EXTREME URGENCY, I would like to *PRESENT TO YOU PERSONALLY THE ENTIRE CONTENTS OF THIS LETTER*, together with samples of both ESSIAC & 5HERB formulas!**

2 - **OPEN HEART SURGERY - ELIMINATE the NEED for OPEN HEART SURGERY** which is caused by CHOLESTEROL BUILD-UP, BY **"AUTHORIZING THE USE OF CHELATION TREATMENTS". HOLISTIC MEDICINE has SUCCESSFULLY used "CHELATION"** EITHER VIA INTRAVENOUS or by TABLET FORM, **for years, BUT, it is NOT RECOGNIZED BY THE AMA, NOR IS IT COVERED BY INSURANCE. "CHELATION"** attracts cholesterol from the inside walls of arteries & flushes it out of the body, thereby eliminating the **"NEED" for OPEN HEART SURGERY, saving $BILLIONS!!!!**

3 - **BACK SURGERY - "BEFORE" ANY BACK SURGERY CAN BE PERFORMED, "REQUIRE a *SECOND OPINION* by a CHIROPRACTOR"!!! BEFORE ANY MUSCLE RELAXERS ARE ADMINISTERED BY AMA DOCTORS, MOST BACK PROBLEMS CAN BE CORRECTED BY CHIROPRACTIC ADJUSTMENTS, SAVING SURGERY & $BILLIONS!!**

4 - **"COLON CANCER" & "MOST INTERNAL HEALTH PROBLEMS"- The low fiber American Diet enables an *AVERAGE* of 22 lbs of waste matter to COAT the inside walls of everyone's Large Intestine. This WASTE MATTER FERMENTS & GENERATES 12 POISONS which cause MOST Internal health problems, including Colitis & probably Colon Cancer. The use of a "NATURAL CLEANSER" (NOT a laxative) can clean-out this residue build-up in the**

large intestine & prevent "MOST INTERNAL HEALTH PROBLEMS"! I can present two good cleansers that I have used very effectively OVER THE LAST FIVE YEARS!! This would save $BILLIONS!!!!!

5 - Include **"CLASSICAL" HOMEOPATHIC THERAPUTIC HEALTH CARE in the NEW U.S. HEALTH CARE PLAN!!** . Please invite Dr. Linda Johnston, DHT, (818-776-8040) to present the merits of this technique to you & your Task Force. This technique is widely used outside the U.S. & is very effective, BUT, there are only about 1000 DHTs in the U.S. Their unique skill is to interview a patient for 2 hrs to identify one or more of 100,000 symptoms cataloged in a Repertory. Then these symptoms are used to select 1 of 2000 medicines cataloged in the "CLASSICAL HOMEOPATHIC PHARMACOPIA". FOR MOST CASES, "ONLY ONE SMALL DOSAGE IS NECESSARY TO ALLEVIATE THE DETECTED SYMPTOMS, FOR a VERY LONG TIME!!!

6 - Authorize **"CRA"** CONTACT REFLEX ANALYSIS & **"AK"** APPLIED KINESIOLOGY as acceptable **PRIMARY HEALTH CARE PREVENTION "DIAGNOSTIC TECHNIQUES".** Skilled professionals use these "diagnostic techniques to enable one's *OWN BODY* to identify its major health problems in minutes. Parker College of Chiropractic, Dean Paul A. Jaskoviak, D.C., (214-438-6932) is a leading authority, & I am sure he would be available to demonstrate the technique.

The "ANSWER" to reducing the cost of Medical Care is to REDUCE THE "NEED" FOR "AMA" HEALTH CARE!!! The "NEED" can be reduced by THE ABOVE INNOVATIONS AS THE CORE of a REALISTIC "PREVENTATIVE HEALTH CARE" Program. The SUCCESS of any such program needs the participation of EVERY AMERICAN!!!

A- Motivate AMERICANS to live a healthier life!!

B- Make sure that what FOOD is made available for AMERICANS to consume is healthy for them. Here again, you would have to "lean on" major food industries to "GET THE CHEMICALS & FATS OUT OF FOODS" that build-up toxins & prevent bodies from functioning properly. This is where one gets bogged down. Major food industries will argue, such as the tobacco industry that,"there isn't any proof, blah, blah, etc. This is where the FDA has failed miserably to make sure that the American food supply is free of chemicals that are detrimental to the health of all AMERICANS.

C- Create a program to help communities install "REVERSE OSMOSIS" water purification systems for drinking water.

"INNOVATION OF PROVEN HEALTH REMEDIES" is the **SECRET** to make your **HEALTH CARE PLAN** a **GREAT SUCCESS!!!** By a **"STROKE of the PEN", you can implement the above proven SUCCESSFUL INNOVATIONS. Please allow me to PERSONALLY present the above to YOU.**

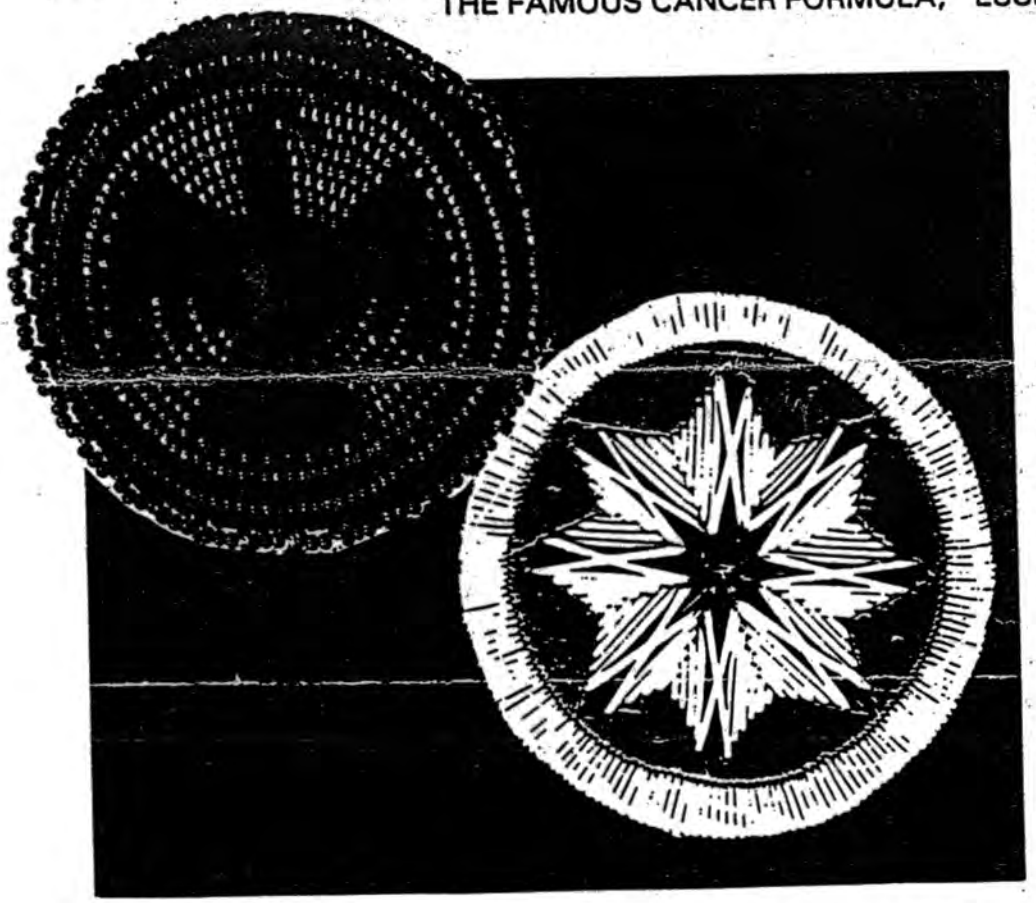
Thank you.

cc: HILLARY RODHAM CLINTON
Ira Magazina, Chairman of The New Health Plan

OLD ONTARIO REMEDIES

1922:
RENE CAISSE
ESSIAC

SHEILA SNOW EXPLORES THE CONTROVERSY SURROUNDING THE FAMOUS CANCER FORMULA, 'ESSIAC'



△
THE BASIS OF ESSIAC ORIGINALLY CAME FROM THE CHIPPEWA OR OJIBWA INDIANS. THEIR QUILL WORK AND BEAD WORK ABOVE SHOWS GREAT SKILL AND BALANCE.

Controversy and intrigue still continue to shroud Essiac, striking a chord of anxiety in the hearts of the seriously ill who have staked their lives and expectations on the promise of its healing properties. Yet its clandestine quality gave the remedy its power. Had its secrets been revealed early in its long history, would it have made such an impact on the lives of many Canadians? For those new to the story of Essiac, here is a brief summary to date.

Rene Caisse was a Canadian nurse who was born in Bracebridge, Ontario, in 1888. While working in a northern Ontario hospital in 1922, she noticed the scarred but healed breast of an elderly patient and questioned her about it. Some years earlier a Toronto doctor had diagnosed the breast to be malignant and a mastectomy was recommended. Instead, the woman accepted the offer of a herbal tea prepared by an Indian neighbour believed to be of the Ojibwa tribe, also known as Chippewa. The nurse asked for and received the Indian herbal remedy which she later modified. That professional curiosity began a quest that was to last until her death at the age of ninety in December, 1978. Her life became one of turmoil and frustration, joy and high hopes followed by bitter disillusionment, much adulation and reverence by patients who recovered, and endless questioning by sceptics and some members of the medical profession.

When Rene's aunt, after using her remedy for two years, fully recovered from an inoperable stomach cancer with liver involvement two years later with her remedy and other terminal patients also began to improve, physicians put their signatures on two petitions (1926 and 1936) requesting that Nurse Caisse be given the opportunity to treat cancer cases in a larger way. Both were turned down by Ottawa's Department of Health and Welfare. But word of Essiac's medicinal virtues kept spreading. Dr. Frederick Banting, hailed as the

discoverer of insulin, offered her access to his laboratories at the University of Toronto for animal studies if she would temporarily give up her practice at the Bracebridge clinic. She rejected his offer because the lives of her patients depended on Essiac. Even the Ontario government became involved in 1938 when a bill was introduced to legalize Essiac as a remedy to treat terminal cancer patients, but in a close decision the legislature turned it down by three votes. Today the spirit of this magnanimous lady still lives on with many questions left unanswered about the recipe she perfected and called 'Essiac', simply by reversing her maiden name 'Caisse'.

THE SECRET FORMULA

Rene never wanted the general public to know what ingredients were in the formula or how to prepare it. Her main concerns were that they would make it incorrectly and that exploiters, once apprised of the herbs in it, would put out specious facsimiles that lacked the healing properties of Essiac. She feared that the very simplicity of the remedy would cause many persons to question its ability to alleviate or cure such a formidable disease.

Perhaps this is why she was persuaded to hand over her beloved Essiac to the Resperin Corporation in 1977 for the sum of $1.00. This group, which includes several physicians on its board of directors, may have been her last hope of convincing the Canadian government to set up trial studies on terminal cancer patients across the country. The studies would be properly documented with authentic diagnoses as well as detailed reports about the progress of the patients. Her dream of having Essiac recognized as a legitimate cancer therapy would then be fulfilled, while proof of its efficacy would permit the Resperin group to successfully market it.

Unfortunately, this has not yet occurred. Cancer patients may still obtain the decoction from Resperin's Dr. Hugh Wilson who lives in Orillia, Ontario, by having their doctors submit written requests through Health and Welfare Canada. However, during the years since Rene's passing, some doctors have failed to turn over their patients reports so Resperin has fallen behind in keeping up with its records. Only word-of-mouth accounts and hearsay evidence portray improvement and some recoveries, while a number of dying patients spoke of reduced pain with little or no need of painkillers, a sense of peace and a clear mind. Thus belief in Essiac remains alive.

Soon after Rene's death a new product emerged on the Essiac scene called 'Easy-Ac' , a decoction made by Gilbert Elondin of Hull, Quebec. In 1977 he watched his wife, mother of three young children, recover from a lymphosarcoma three months after she began taking Essiac directly from the nurse. Today she is still free of cancer and her family devoutly believes in the remedy. When Rene refused any offer of financial remuneration from Gilbert, he returned to paint her living quarters and do some necessary repairs on the house which had been neglected because of her more pressing preoccupation with patients. Few if any people had ever offered help of this kind and the nurse was touched by his generosity. A bond of trust formed between them and some believe she may have taught him how to prepare the recipe for his wife in order to forgo the extensive travelling to Bracebridge every second weekend.

THE COURT CASE

As word spread of his wife's recovery, people came to Gilbert for help, and when demand for his product increased, he quit his trade to work full time making the decoction. In due course he filed dutifully for a Drug Identification Number (D.I.N.) from Health and Welfare Canada but was told that since Easy-Ac was considered to be a food, there would be no need of a D.I.N. In 1988, however, health inspectors closed down his small operation and filed a suit against his company for advertising Easy-Ac as a cancer remedy and for failing to obtain a D.I.N. Apparently the health department felt that if it cured anything, it should be labelled a drug.

After two years in court, Easy-Ac was considered by the judge to be a food, and some slight charges and small fines were assessed.

While this court case was going on, something else was also taking place that was to make Essiac a household word again in both the United States and Canada. In 1988 Dr. Gary L. Glum, a chiropractor in Los Angeles, California, rekindled interest by publishing a book titled, 'Calling of an Angel', termed "the true story of Rene Caisse and an Indian herbal medicine called Essiac." It updated the article published by Toronto's Homemaker Magazine in 1977 'Could Essiac Halt Cancer?' [1] Throughout his work Dr. Glum asserts the authenticity of the formula and in a special video details what he claims to be the Essiac recipe. From the large amount this dried herbal mixture produces, we believe it is the recipe Rene used in the 1930's when she prepared the remedy in her Bracebridge clinic for hundreds of patients, and quite conceivably the one passed along to the Resperin Corporation for its clinical studies.

We owe a large debt of gratitude to Dr. Glum for having the courage to take on this enormous responsibility -no small task!- at great personal financial expense, time and energy. It would be impossible for anyone bent upon revealing the Essiac recipe to imagine beforehand just what kind of reactions it might stir up. Presenting it to the world at long last has been like opening 'Pandora's Box'. Whether it will be a blessing or a curse remains to be seen.

DR. GLUM'S RECIPE

The four main components of Dr. Glum's recipe are:

1) 1 lb. (16 oz. by scale weight) of powdered Sheep's Sorrel *(Rumex acetosella)*. This is a wild perennial miniature of garden sorrel. It must be green in colour and have an aroma of sweet grass.

2) 6 1/2 cups (52 oz. in a kitchen measuring cup) of cut Burdock Root *(Arctium lappa)*. This should weigh about 1 1/2 lbs. if it is quality material gathered from the first year roots of this biennial. Fresh burdock root has a distinct aroma.

3) 1/2 cup (4 oz. by scale weight) of the Slippery Elm inner bark *(Ulmus fulva)*, also in powdered form. It is best to purchase this because the novice could kill a tree by stripping off bark carelessly in the spring. Sometimes the commercial product is adulterated with inferior flour or other starchy substances which create a gravy-like decoction, so beware. The powder should be light beige.

4) 1 oz. of Turkey Rhubarb Root *(Rheum palmatum)*. This must be purchased because its natural habitat is in China and Tibet. Rene preferred this variety to the common rhubarb because its medicinal properties were stronger and the taste less bitter. It is yellowish-brown in colour.

QUESTIONS ABOUT ESSIAC

Numerous interpretations of this rec-

ipe being passed around are raising rumours, doubts, and questions which always seem to surface when anything unorthodox is introduced. I will try to clear up some of these with the following questions and answers, but do so with considerable trepidation as, no doubt, my answers will spark even more questions.

Q: How can we be sure that Dr. Glum's recipe is the correct one?

A: The four herbs in Dr. Glum's recipe are also present in Essiac. Rene often emphasized in the 1970's that only four herbs were being used, and this today is still the decoction that continues to help people. Rene's motto, which her patients firmly believe in, was, "If it works, don't change it."

Q: How much Essiac can be made out of the entire dried mixture?

A: Remember, as stated before, this amount was for a large-scale production to treat hundreds of patients in a short period of time. One might want to experiment by starting with one quarter of this recipe. Once the herbs are mixed well, the kitchen measuring cup can be used to find out just how many eight-ounce cupfuls are in the mixture. Each decoction makes up at least twelve 16-oz. bottles of Essiac.

One quarter of the dried recipe should provide an eighteen month supply for one person if he were to take one ounce of Essiac every single night. Powdered herbs tend to lose their medicinal properties faster than cut or whole plants so it is wise to replenish your stock every year when possible.

Q: Do we weigh the eight ounces of dried mixed herbs on a scale?

A: No. Rene only used a kitchen measuring cup and filled it up to eight ounce line. If this amount were measured on the scale, the decoction would be much stronger.

Q: Is the herb being sold today as Sheep's Sorrel a substitute?

A: The samples I have received from many outlets in Ontario and the United States appear to be an inferior quality of an undetermined herb which may or may not be related to the Sorrel family. Since this is the primary herb in Essiac, one must become thoroughly acquainted with its appearance, aroma and taste.

Q: Are Dr. Glum's directions for taking Essiac correct?

A: Dr. Glum obtained his directions from a physician who treated patients with Essiac under close supervision, so the dose is stronger than the one Rene recommended. Here are her instructions:

1) Take one ounce of Essiac with two ounces of hot water every second day at bedtime, on an empty stomach two or three hours after supper.

2) Do not eat or drink anything for at least one hour after taking Essiac.

3) Continue the treatment every other day for thirty-two days, then take the treatment every three days.

4) Always keep Essiac refrigerated but never in the freezer.

For the novice this is a trial and error experience; nobody becomes a cook overnight. It should not be attempted when a life-threatening situation is involved because the desperate run to any available source for herbs they may know nothing about. The complete mixture is sold in many stores but how can one tell if the powdered herbs are correct and of good quality, or how old they are or if the amounts of each are accurate? Why waste precious energy, time, money and even the mixture itself if it proves to be inferior?

The routine for making the recipe may be simplified with practice. Understand that no two decoctions are exactly alike, as any chemist will confirm. Don't be concerned about the number of bottles you get out of each decoction because various things affect the amount of liquid that will be absorbed by the herbs. Rene used one quart (32 oz.) of local spring water (Never use treated tap water!) for one ounce of mixed herbs (measured in the kitchen cup, remember?). Once people are comfortable about cooking this brew, they may want to learn how to harvest the Sheep Sorrel plant and the Burdock Root.

MANY BELIEVE ESSIAC HAS HELPED THEM

Essiac is not a hoax or a fraud. To hear experiences described by the patients themselves cannot help but convince observers that dramatic and beneficial changes definitely took place in many but not all of those who received the remedy. Although the focus on Essiac has been as a cancer treatment, it alleviated and sometimes cured many chronic and degenerative conditions because it cleanses the blood as well as the liver and strengthens the immune system. It will continue to remain controversial until open-minded and dedicated scientists and even lay researchers unveil and explore the unknown essences that create Essiac's healing magic. □

ABOUT SHEILA SNOW

Sheila Snow has devoted much of her life to an investigation of the Essiac formula. Recently she was invited by the Consumer Health Organization of Canada to address its annual convention in Toronto on this topic. She has now prepared a small book for the layperson: The Essence of Essiac. Publication is expected later this year.

CLOSE-UP ON THE ESSIAC CONSTITUENTS

Of the four plants which were purportedly suggested by the Ojibwa Indians to Rene Caisse, only two, *Arctium lappa* and *Ulmus fulva* have any recorded use by the Native people anywhere in North America. In fact, they are the only two indigenous plants. Rene must have added *Rumex acetosella* and *Rheum palmatum* on her own initiative.

Arctium lappa has a well established tradition on many continents for use as a depurative or 'blood cleanser'. Mills calls it 'a general alterative remedy appearing to exert a cleansing effect on the tissues as such' and being a 'diuretic and mild laxative'. In modern herbal practice, it is used primarily as a dermatological remedy, said to 'move the body towards a state of integration and health, removing such indicators of systemic imbalance as skin problems and dandruff.' (Hoffman) A poultice is also applied externally to wounds and ulcers.

Please see Essiac, page 13

ESSIAC continued from p. 3

But because of its action as a bitter, there is certainly stimulation of the digestive system and of the liver.

James Duke records Shemluck's contention that the Chippewa used the root of Arctium as a 'blood medicine' and Virgil Vogel notes that the Ojibwa used the root as an anodyne, stomachic and tonic.

The native use of *Ulmus fulva* as a poultice for hard tumours and swellings was observed by Samuel Stearns and recorded by Virgil Vogel. [2]

There is also some mention of its use in spitting blood from the lungs. This is, of course, a sign of one form of cancer. However, according to the BHP, Ulmus is a demulcent, emollient, nutritive and antitussive and although it is specifically indicated for gastric and duodenal ulcers because of these soothing qualities, one can see little reason to assume that it would have much more than an palliative action in a cancerous state.

Rumex acetosella is a European alien 'traditionally used for fevers, scurvy and inflammation.The fresh leaves poulticed (after roasting) were used for tumors, and wens (sabacious cysts). The leaf tea was considered a folk remedy for cancer,' according to Duke. [3] There is, however, no modern scientific evidence of this and its use by modern herbal medicine is virtually unknown. Due to its high oxalic acid content, this species should be avoided if one is suffering from arthritis or kidney disease. (McIntyre)

Rheum palmatum Radix contains anthraquinone glycosides and sennosides which act as laxatives and, in larger doses, purgatives. In China, Rhubarb is an important ingredient in many prescriptions to treat high fevers. According to McIntyre, it should be avoided by persons suffering from arthritis, kidney disease or urinary problems and during pregnancy. It is likely to be of benefit for someone suffering from constipation, which is a common complaint among cancer patients.

Given these actions, it is not impossible to accept that such a combination might have some benefit for some people suffering from some types of cancer. And there is certainly little reason to believe that, if taken according to the originator's instructions, there is much possibility of harm or injury resulting.

TREATING THE WHOLE PERSON

However, any 'formula' for cancer makes a mockery of modern scientific phytotherapy. Research has moved forward a long way since Bracebridge in 1922. We now know that cancer patients, even if taking chemotherapy or radiotherapy, can benefit enormously from herbal treatment. There are many more efficient herbs to help the liver cast off accumulated toxins. We now know of plants capable of boosting the immune system, plants which have been shown to inhibit metastases, plants which have an anti-tumoral effect and still other plants which work directly as cleansers for the lymphatic system. The danger of limiting oneself to a single 'formula' to treat cancer is this: there are many forms of cancer and they affect the body and its systems in many different ways. By receiving personal attention from a trained professional herbalist, there is a much greater probability that appropriate herbs can be chosen which are especially suited to the particular sufferer. Moreover, the wholistic herbalist is committed to looking beneath the symptoms, to correcting the faulty or destructive diet or lifestyle which underlies the body's final protest, to working with the patient in all aspects of his mental and spiritual struggle: in short, to treat the person as a whole, not the disease entity. Because of our obsession with a formula, we may well have overlooked this aspect of Rene Caisse's work.

K.S.

REFERENCES

[1] Snow, Sheila. 'Could Essiac Halt Cancer'. [Ed.]

[2] Vogel, Virgil J. *American Indian Medicine.* New York: Ballantine Books, 1973 by arrangement with the University of Oklahoma Press.

[3] Duke, James A., & Foster, Steven. *Eastern/Central Medicinal Plants.* The Peterson Field Guide Series. Boston: Houghton Mifflin Company, 1990.

□

Referral List for Practitioners of Classical Homeopathy

Recommended by Linda Johnston, M.D., D.Ht.

Louis KLEIN R.S.,Hom.
2246-C Spruce Street
Vancouver, B.C. Canada
604-732-7276

***

HAHNEMANN CLINIC
1918 Bonita Avenue
Berkeley CA 94704
510-849-1925

***

Julie BOYNTON MSW
1051 North Citrus Avenue Suite F
Covina CA 91722
818-332-3023

***

Annadel Clinic
Michael G. CARLSTON M.D.,DHt.
2801 Yulupa Avenue #B
Santa Rosa CA 95405
707-576-0266

***

Murray CLARKE L.Ac
1411 5th Street #405
Santa Monica CA 90401
310-395-9525

***

Linda Johnston M.D.,DHt
7549 Louise Avenue
Van Nuys CA 91406
818-776-8040

***

Randall NEUSTAEDTER OMD,C.A.
360 Bryant Street
Palo Alto CA 94301
415-324-8420

***

A.J. RICE M.D.
41651 Sierra Drive
Three Rivers CA 93271
209-561-4683

***

Corey WEINSTEIN M.D.
4827 Geary Boulevard
San Francisco CA 94118
415-221-7751

***

Tony Wong M.D.
7549 Louise Avenue
Van Nuys CA 91406
818-776-8040

***

Nicholas NOSSSMAN M.D.,DHt.
1750 High Street
Denver CO 80218
303-388-7730

***

William E. SHEVIN M.D.,DHt.
R.R. 2, Box 15, Applewood Drive
Woodstock CT 06281
203-928-4040

***

Andrea D. SULLIVAN Ph.D.,N.D.
4501 Connecticut Ave. N.W., Suite 223
Washington DC 20008
202-244-4545

***

Teresa BERNARD M.D.
1542 Kingsley Avenue #132
Orange Park FL 32073
904-269-6400 & 904-269-6410

***

Guy HOAGLAND M.D.
1004 Beverly Drive
Rockledge Fl. 32955
407-631-1007

***

Ruth GORDON D.C.
4501 Circle 75 Parkway Suite F-6190
Atlanta GA 30339
404-916-9800

***

Andrew LINIAL D.C.
4501 Circle 75 Parkway Suite F-6190
Atlanta GA 30339
404-916-9800

***

Virginia MAYO D.C.
4458 Rockbridge Drive
Stone Mountain GA 30083
404-297-0022

***

Rosalyn MILLER D.C.
2531 Briarcliff Road NE #203
Atlanta GA 30329
404-636-7222

***

Jane SAADEH D.C.
4458 Rockbridge Drive
Stone Mountain GA 30083
404-297-0022

***

Richard VAIL D.C.
P.O. Box 828- Chechero Road
Clayton GA 30525
404-782-2512

***

Jeffrey A. BAKER N.D.,D.H.
675 West Kuiha Road
Haiku HA 96708
808-575-9494

***

David FIEDLER D.C.
1804 North Arlington Hgts. Road
Arlington Heights IL 60004
708-590-1132

***

Ruth C. MARTENS M.D.,DHt.
1913 Gladstone Drive
Wheaton IL 60187
708-668-5595

***

Ted CHAPMAN M.D.
173 Mount Auburn
Boston MA 02172
617-923-4604

***

Edward CHAPMAN M.D.
91 Cornell Street
Newton Lower Falls MA 02162
617-244-8780

***

Paul HERSCU N.D.
16 Center Street, Suite 518
Northampton MA 01060
413-584-2997

***

Referral List for Practitioners of Classical Homeopathy

Recommended by Linda Johnston, M.D., D.Ht.

Richard MOSKOWITZ M.D.
173 Mount Auburn
Boston MA 02172
617-923-4604

***

Sarah COLLERN RN
2920 41 Avenue South
Minneapolis MN 55406
612-722-8248

***

Paul GANSKE
5402 W. Old Shakopee Road
Bloomington MN 55437
612-884-1507

***

Sharon GOOSMANN D.C.
412 S.W. 19th Avenue
Willmar MN 56201
612-235-0936

***

Jerri JOHNSON
1760 Grabbo Tr.
Eagan MN 55122
612-688-6515

***

Marilyn KERKVLIET BS
9010 Inver Grove Trail
Inver Grove Heights MN 55076
612-451-2543

***

MaeBeth LINDSTROM D.C.
2002 Broadway
Slayton MN 56172
507-836-8911

***

Carol LIPSCHULTZ D.C.
1866 Ashland Avenue
St. Paul MN 55104
612-644-9691

***

Nanci LONG D.C.
221 S.W. 12th Street
Forest Lake MN 55025
612-464-1063

***

Carey RUDICK N.D.
221 S.W. 12th Street
Forest Lake MN 55025
612-464-1063

***

Cecily SOMMERS D.C.
718 14th Avenue SE
Minneapolis MN 55414
612-331-2456

***

Deborah WHITCOMB
21365 Iverson Ave. N.
Forest Lake MN 55025
612-464-8393

***

Todd SMITH D.C.
P.O. Box 24506
Winston-Salem NC 27114
919-760-9355

***

Mary SCHMIDT D.C.
8013 L Street
Ralston NE 68127
402-592-7686

***

Karl ROBINSON M.D.
122 Dartmouth S.E.
Albuquerque NM 87106
505-265-0607

***

Sylvia FADDIS N.D.
310 E. 46th Street 3H
New York NY 10017
212-972-1508

***

Durr ELMORE D.C.,N.D.
14643 South Graves Road
Mulino OR 97042
503-829-7326

***

Joyce TSCHETTER
4109 Walker Way
Sioux Falls SD 57103
605-335-0000

***

Joe D. GOLDSTRICH M.D.
8215 Westchester, #307
Dallas TX 75225
214-691-7330

***

Karl ROBINSON M.D.
10240 Marsh Lane
Dallas TX 75229
214-956-9664

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Sandra M. CHASE M.D.,DHt.
10418 Whitehead\Street
Fairfax VA 22030
703-273-5250

***

George GUESS M.D.,DHt.
617 West Main Street, Suite 5B
Charlottesville VA 22903
804-295-0362

***

Evergreen Clinic

23200 Edmonds Way
Edmonds WA 98026
206-542-5595

***

Stephen KING N.D.
5502 34th Avenue NE
Seattle WA 98107
206-522-0488

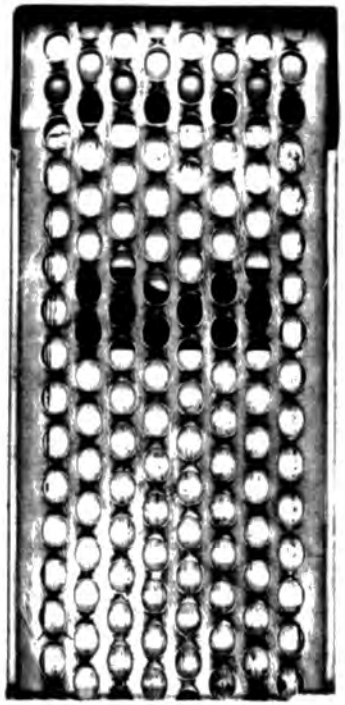
***

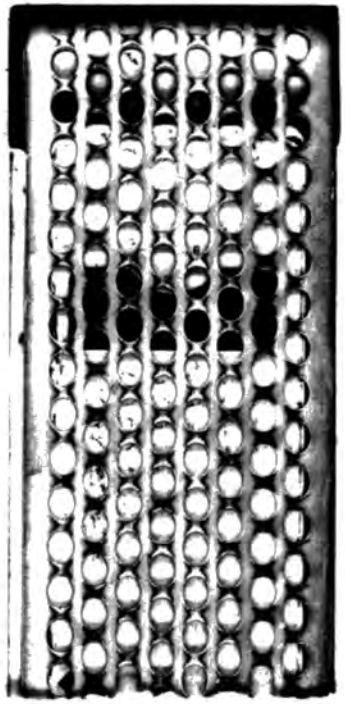
Sheryl KIPNIS N.D.
5502 34th Avenue NE
Seattle WA 98107
206-522-0488

***

Blue Sky Health Associates Ltd.
Blair L. LEWIS P.A.C.
250 West Coventry Court , Suite 101
Milwaukee WI 53217
414-352-6500

***





LANKERING
P.O. Box 4427
VERO BEACH, FL
32964

ORLANDO FL 328
PM
26 [illegible]
199[illegible]

KRISTINE GEBBIE, AIDS POLICY COORDINATOR
THE WHITE HOUSE
WASHINGTON, D. C.

MAIN
#03007

NAPO Document Control Slip

NAPO Number : 7072 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : EDWARD GRAYSON

********** Subject or Title **********

75 MURRAY AVENUE - LARCHMONT, NY 10538

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Edward Grayson
75 Murray Avenue
Larchmont, New York 10538

Dear Mr. Grayson:

I am delighted that you have an idea which might lead to a cure for AIDS. I encourage you to share the idea with medical researchers in your area. We need all possible creativity applied to our efforts.

There is no national "financial reward" system for participating in HIV research activities.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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75 Murray Avenue
Larchmont, New York 10538

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\grayson

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

July 30, 1993

Mr. Edward Grayson
75 Murray Avenue
Larchmont, New York 10538

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

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There is no national "financial reward" system for participating in HIV research activities.

Sincerely

July 1, 1993

Ms. Christine Gebbie
Aids CZAR

Dear Ms. Gebbie,

I have an idea and suggestion that I feel will result in bringing about the cure for Aids. It has never been thought of, proposed, or introduced by anyone.

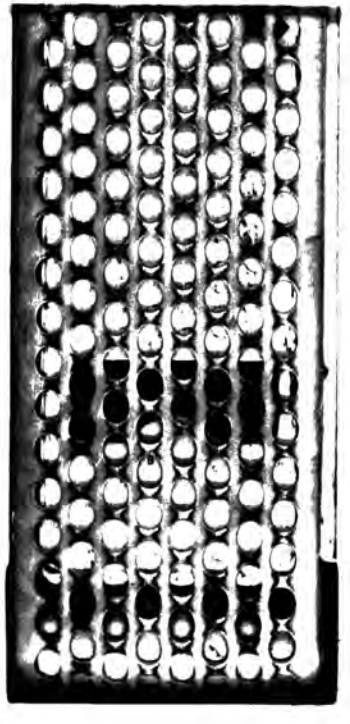
Can I be financially rewarded for this? I hope to hear from you.

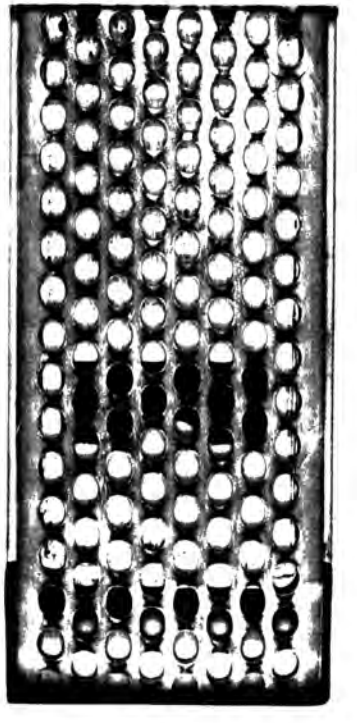
Yours truly,

Edward Grayson
75 Murray Ave
Larchmont, N.Y. 10538

Edward Grayson
75 Murray Ave
Larchmont N.Y.
10538

Ms. Christine Gebbie
THE Aids CZAR
Health and Human Services Dept.
200 Independence Ave. S.W.
Wash. D.C 20201





MAIN
#03007

NAPO Document Control Slip

NAPO Number : 7073 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : ALEJANDRO CABAUATAN

********** Subject or Title **********

120 CONLEY DRIVE - ANNAPOLIS, MD 21401

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

****

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Alejandro Cabauatan
120 Conley Drive
Annapolis, Maryland 21401

Dear Mr. Cabauatan:

Thank you for your recent letter. The President and I care deeply about the impact of HIV and AIDS on the Nation and its citizens, and appreciate your interest.

I encourage you to work with a medical laboratory or university in your area to test any product you have which seems effective in this fight against AIDS. I am sorry I will not be able to meet with you personally in the near future.

Best wishes in your efforts.

Sincerely,

Kristine Gebbie /c

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Alejandro Cabauatan
120 Conley Drive
Annapolis, Maryland 21401

Dear Mr. Cabauatan:

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Best wishes in your efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO:JLehman:SBart:7/22/93:B:CABAUATA:202-690-5560
Revised by:KGebbie:7/23/93

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Mr. Alejandro Cabauatan
120 Conley Drive
Annapolis, Maryland 21401

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Best wishes in your efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by:JLehman:SBart:NAPO:7/22/93:B:CABAUATA:202-690-5560
Revised by:KGebbie:7/23/93

Mr. Alejandro Cabauatan
120 Conley Drive
Annapolis, Maryland 21401

Dear Mr. Cabauatan:

Thank you for your recent letter.
~~This is in response to your letter requesting an appointment. The pace in Washington is extremely~~ busy and my responsibilities are, ~~to say the least, challenging. Regretfully,~~ I am sorry that my ~~schedule does not permit me to meet with you personally. Be assured, however,~~ that the President and I care deeply about the impact of HIV and AIDS on the Nation and its citizens, and appreciate your interest.

With respect to the information about your product, I regret to tell you that, in my public position as the National AIDS Policy Coordinator, I am unable to endorse or promote individual products, no matter their merit. I encourage you to work with a medical laboratory or university in your area to test any product you have which seems effective in this fight against AIDS. I am sorry I will not be able to meet with you personally in the near future.

The views and ideas of all Americans need to be considered as we move ahead in our fight against this devastating disease. I am confident that together we will be able to make a difference.

Best wishes in your efforts

Sincerely,

Kristine M. Gebbie, RN, MN, FAAN
National AIDS Policy Coordinator

June 28, 1993

Mr. Alejandro Cabauatan
120 Conley Drive
Annapolis, Maryland, 21401

Ms. Kristine Gebbie
AIDS Czar, U.S.A.
Old Executive Office Building
Washington, D.C. 20006

Dear Ms. Gebbie:

I am writing in request of an appointment. I firmly believe that I have discovered a cure for HIV infected blood and would appreciate the opportunity to demonstrate my ideas in a laboratory test.

If this experiment is successful, it shall be registered and certified, verifying the authenticity of this medicine. I can produce a tea which purifies HIV infected blood. It must be tested to determine actual dosages required. I have also found this to be an effective treatment for any skin disease.

Thank you in advance for your consideration. I anxiously await your response.

Sincerely,

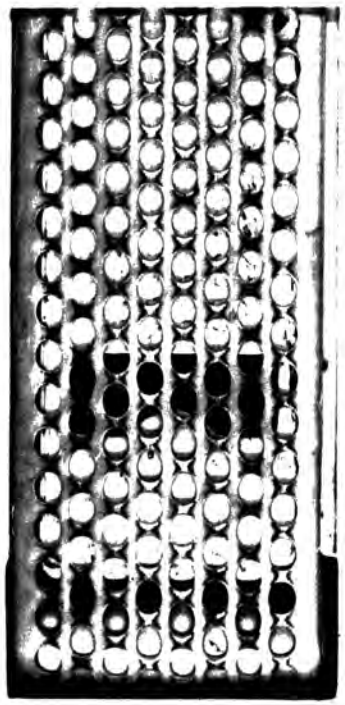
Alejandro Cabauatan

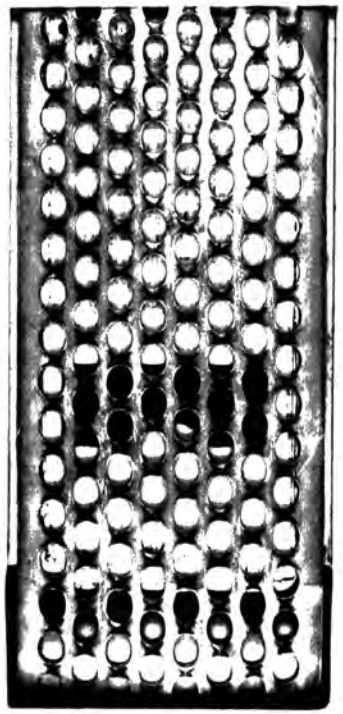
Alejandro Cabauatan

P.S. I have discovered the primary medicine to purify the blood.

A. Cabauatan
120 Conley Drive
Annapolis, MD 21403

Ms. Kristine Gebbie
AIDS Czar, U.S.A.
Old Executive Office Building
Washington, D.C. 20006





THE WHITE HOUSE

WASHINGTON

July 30, 1993

Lester M. Schwab, D.V.M.
President
DATAPET, Inc.
P.O. Box 2880
Danville, California 94526

Dear Dr. Schwab:

Thank you for your letter of congratulations and for your information concerning the development of a "One Use-Self Destruct" syringe. I hope that you will continue in your efforts to contribute to the resources available in our HIV prevention activities.

The views and ideas of all Americans need to be considered as we move ahead in our fight against this devastating disease. I am confident that together we will be able to make a difference.

Best of luck with your invention.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Lester M. Schwab, D.V.M.
President
DATAPET, Inc.
P.O. Box 2880
Danville, California 94526

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Best of luck with your invention.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by:JLehman:SBart:NAPO:7/22/93:B:Schwab:202-690-5560
Revised by:KGebbie:7/23/93

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Lester M. Schwab, DVM
President
DATAPET, Inc.
P. O. Box 2880
Danville, California 94526

Dear Dr. Schwab:

Thank you for your letter of congratulations and for your information concerning the development of a "One Use-Self Destruct" syringe. ~~Unfortunately, in my public position as the National AIDS Policy Coordinator, I am unable to endorse or promote individual products, no matter their merit.~~ I hope that you will continue in your efforts to contribute to the resources available in our HIV prevention activities. The views and ideas of all Americans need to be considered as we move ahead in our fight against this devastating disease. I am confident that together we will be able to make a difference.

Best of luck with your invention.

Sincerely,

Kristine M. Gebbie, RN, MN, FAAN
National AIDS Policy Coordinator

END Ø

DATAPET, INC.

Electronic Animal Identification

Post Office Box 2880 • Danville, California 94526-7880 • TEL: (510) 831-0696 • FAX: (510) 831-9102

June 30,1993

Ms Kristine Gebbie
Federal AIDS Coordinator
White House
Washington, D.C. 20500-0001

Dear Ms Gebbie:

I am in the business of small animal identification using micro-chips. While attempting to design a method whereby the ID chip could simultaneously be placed with a vaccination, my engineer and I developed a "One Use-Self Destruct" syringe.

Apparently you view the needle exchange program favorably and such a syringe that has absolutely no possibility of being re-used may be ideal for this program.

We simply modify an existing syringe thus keeping the costs down. We believe that with the proper volume we could market the "One Use" syringe for about 50¢ each. That is $1.00 less than we are told one of the major needle manufacturers have for the market at this time.

Presently we are refining the design and then will go ahead for patent application. Our patent attorney has reviewed such designs and told us that our design is patentable.

Our intent is to patent and then seek out a manufacturer for licensing and marketing,however it may be that the US Governmant should be the one that has access to this invention.

If this is of interest to you please let me know as quickly as possible.

Congradulations on your appointment and best wishes for a very successful program.

Very truly yours,

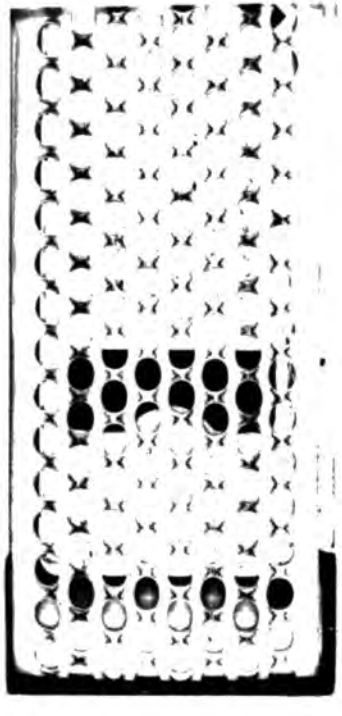
Lester M. Schwab

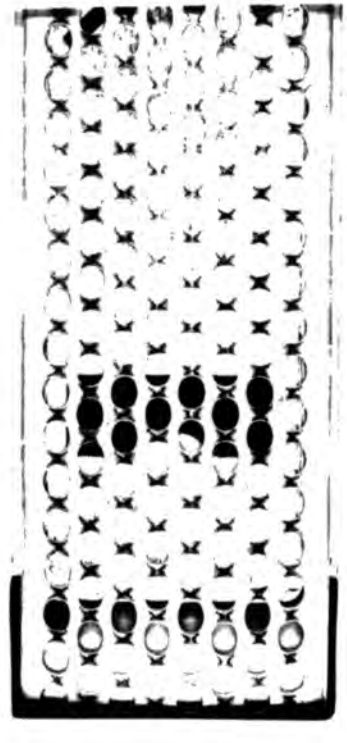
Lester M. Schwab, DVM
President

DATAPET, INC.
Electronic Animal Identification
P.O. Box 2880 • Danville, CA 94526-7880

Ms Kristine Gebbie
Federal AIDS Coordinator
White House
Washington, D.C. 20500-0001

20500-0001





Main #03008

NAPO Document Control Slip

NAPO Number : 7054 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/11/93 Refer'd Date : 8/11/93 Int Due Date : 8/11/93 Ext Due Date : 8/11/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/11/95 Disposition : DESTROY Final Date : 8/11/93 Document Loc : MAIN-03D08

********** Correspondent Information **********

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : LESTER SCHWAB

********** Subject or Title **********

President - DATAPET, Inc. - P.O. Box 2880 - Danville, California

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/11/93	8/11/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees: